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DIVISION	OF	VITAL	RECORDS,	301	W.	PRESTON	STREET	, BALTIMORE,	MARYLAND	21201
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0 000			CERTIFICAT	L OI DEMIN			1376	69		
PLACE OF DEATH O. COUNTY	BALTIMORE		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where dece	h col		rice belor	e odmyssi	00)
b. CITY OR TOWN	(If outside corporate limit	5,	C. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	outside corpo	rote limits, write RI	JRAL ond gi	vir negres	tawn)	
FORT HOWA	and give nearest town)		60 DAYS	BALITIMOR	E			30	11	
H. NAME OF HOSP	PITAL OR INSTITUTION (If n	of in hospital, g	inve street address)	d. STREET ADDRESS		_			E IS RESI	
VETERANS	ADMINISTRAT	ION HOS	PITAL	907 N. Co	lling	ton Ave.		. 3	ON A F	NO D
3. NAME OF DECEASED (Type or print)		rst RRY	Middle MARSHALL	Lost	4. DATE OF DEAT	TI	NE	00y	Ye	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	DEMI	9. AGE (In years	IF UNDER		IF UNDER	
MALE	WRITE	WIDOWED	DIVORCED	9 19 96		70 yrs.	Months	Days	Hours	Min
IDO. USUAL OCCUPATION during most of workin DYE SET 13. FATHER'S MAME			ND OF BUSINESS OR OUSTRY	ALEXANDRI M. MOTHER'S MAIDEN	A, VII	foreign country)	0	DUNTRY 7		
RICHARD	H. ALLEN			EMMA ALLI						
15. WAS DECEASED BY	VER IN U.S. ARMED FORCES?	1 16.3	SOCIAL SECURITY NO. 17	INFORMANT	DOM	Add	2291	_		_
YES	(If yes give war or dates of WW -1	of services	Carried March	IN. REC., V	TOTAL AT			TICL!	ARD,	MD.
Conditions, it on sise to immedia stoling the und	ny, which gove of a course (d). Butlying cause	(o) Bi	RONCHOGENIC CA		naiotrinia or	order of the second		UNE	NOWN	EATH
2	ADERNAL INSU	-	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	UNDITION GY	YEN IN PAKE I(0)		100	PERFORM	ED?
ZÓD. ACCIDENT W. OR CONTRIBUTION	(AS UNDERLYING) IG CAUSE OF DEATH Y MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or P	art II of item 18.)		1		NO []
量 Hour'd	UURY Month, Day, Year o.m. p.m. 19	20d. IN While at work	Mat While fo	ACE OF INJURY (Home, for clory, street, office bidg., et		(City or Yawn)	(0)	ounty)	- 1	(State)
21. I cert	tify that (4) (this has deceased alive on_	pital) attend June 1	ted the deceased from	April 18 of death accurred a	9:001	10. Jurie	17 , 19 and on 1	67, th	o po (we) la: l obav
22o_SIGNATURE	0 17	-1	De In	D. PHYS.	MED. DIRECTOR	STAFF THYS.		18/6		
72c. PHYSICIAN NAME (Typ		TOPAC	CFO, M.D.	VA HOSP	ITAL,	FORT HOM	ARD,	MARI	LAND	
230. BURIAL CREMAT REMOVAL (Special Buria	W 121		23c. NAME OF CEMETERY OF Baltimore N			Baltimo		(County)		hote)
John A. M	io: Aller Funer	al Home	2334 Jeffers Baltimore.	on St.	UN 1	9 1967	YCLO		Jung	pe

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove cachar-papers. Pages 1 and 2 shauld be filled with the state Dept. of Health priar to burial, cremation, ar remayed, and in any event, within 72 hours after death. FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25AL 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b COUNTY Maryland Baltimore MARYLAND b. CITY OR FOWN (If notside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Towson 5 Years Towson e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sheet address) d. STREET ADDRESS 1431 E. Joppa Rd. YES NO TO E. Joppa Rd 1431 4. DATE 3 NAME OF Firs1 Middle Lost Month Doy Year DECEASED (Type of print) Allender DEATH Anna Eleanora June 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days Hours White WIDOWED DIVORCED Female March 8. 1904 IDo. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY ? INDUSTRY Koppers Co. Baltimore, Maryland U.S.A 13. FATHER'S NUMBER George Thomas Nellie IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes give wer or dotes of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address No 217-22-9413 Mr. Claude H. Allender 1431 INTERVAL BETMEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove sise to immediate couse (a). DUE TO storing the underlying couse loss. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION PERFORMED? NO PC 206. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Port I or Port II of illegis 18.) OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201 (City or lown) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While of work D of work 1963,10_ 1967, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from. Lecar 1967, and that death accurred at 4:300M, from causes and on the date stated above sow the deceased alive an 720. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S 600 WILKENS AVE NAME (Type) 23s MAMS OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURNAL EXEMATION. 236 DATE THEREO! (County) (Stete) REMOVAL (Specify) 6/22/67 Moreland Mem. Cemetery Buria. Baltimore ZS. REGISTRAR'S SIGNATURE Altenburg-6009 Warford Rd.

Minules

I completely filled in pove carban gapers, ny event, within 72 h within the death certificate be executed n any per pup Se physician en pledse removal attending permit. The permit. 8 ION. signed by the burial-transit burial, cremati the cremat aftending prior to has been Health use this certificate the hospital or for detached f ATTENDING TO FUMERAL DIRECTOR: After e e should with the be retained director, page 3 should be filed v Poge 4 may 1

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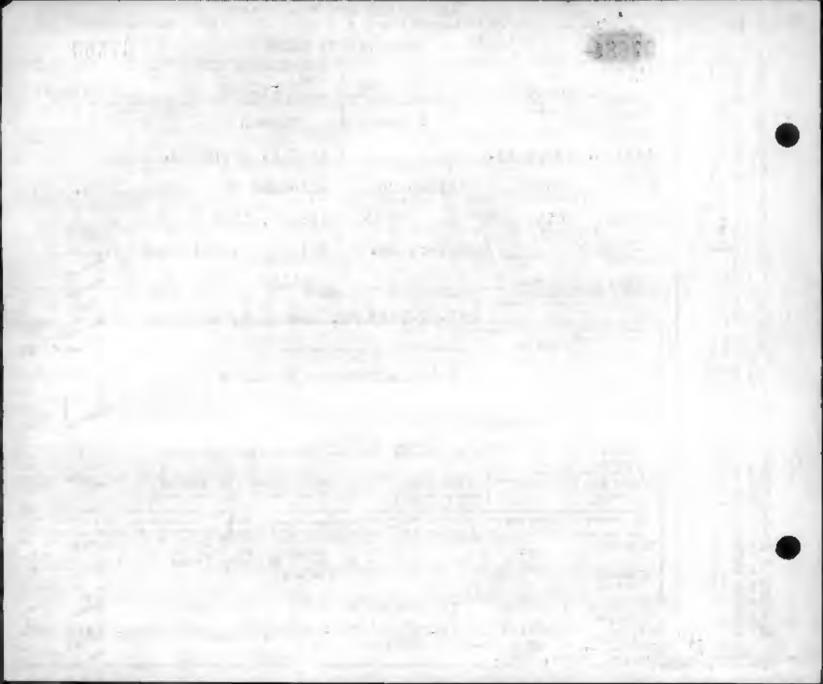
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VR A15 (4) 20 M 1/66

Funeral Home, Inc.



Glen Burnie, Md.

DATE

VR A15 14/1 2DM 5-63

SENT OF HEALTH before admission) IL GOUNTY Anne Arundel e. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) e. IS RESIDENCE ON A FARM? YES NO W Year Manth Day 19 JUNE 9. AGE IIIn Years I IF UNDER 1 YEAR IF LINDER 24 HRS. ian birthday) Months Days 1 12. CITIZEN OF WHAT COUNTRY! Whittington Address Same INTERVAL SETWEEN ONSET AND DEATH PERFORMED? YES NO X (County) (Steta) 192.1., that (1) (we) lest 22b. DATE SIGNED 23d, LOCATION (City, lows or county) Elkridge, RFD, Maryland Municipal man

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

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Z m	WSON	To use or norm	
nosphol, give street odd	al OR INSTITUTION (If por in sepas Hospita	St. Jo	-
Mic	First	NAME OF	
T	John	Type or print)	(
MARRIED NEVER	white	male	
106, KIND OF BUSINES	(Give kind of work done		
Lithogra	perator	chine (a
		FATHER'S NAME	13.
	Adam A. And		
16. SOCIAL SECURIT	R IN U.S. ARMED FORCES? (If yes give wor or dates of sen	WAS DECEASED EV	5
212-28-62	1949-50	Yes	4 80
	EATH (Enter only one couse pr	18. CAUSE OF D	7
urei	TH WAS CAUSED BY MMEDIATE CAUSE (o) _	PART I. DEA	
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206 DESCRIBE HOW IS		20o. ACCIDENT WA	KURIN
	MEDICAL EXAMINER)	(IF EITHER, NOTIFY	
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attended the dec	fy that (1) (this haspital	21. I certi	
- Loss.	1 Sabert	220. SIGNATURE	
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o. COUNTY Baltimore MARYLAND						o. STATE Marylan	nd	b. county	10000	20	1
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Covision Covision Covision Covision						c. CITY OR TOWN (H outside corporate limits, write RURAL and give nearest town) Bel timore					
d. Mans Of HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)						d STREET ADDRESS D	elbert A	Venue		IS RES	FARM? NO.4
	MAME OF DECEMBE (Type or print)	Joh	n n	Middle T	Al	NDRYSZAK	4 DATE OF DEATH	June		Doy Y	67
S	male	6. COLOR OF PACE White	7. MARRIED . WIDOWED	NEVER MARRIE		12-25-35			Months Do		ER 24 HRS. Mir.
len le	ing grast of working	N (Give kind of work done affie, even if refired) Operator	1 10	ino of Business on Busine Thographi	ing	11. BIRTHPLACE (County 14. MOTHER'S MAIDEN	Maryla		12 COUNT	OF WHAT RY? II.S	.A.
			Andrys			V	. Grabo	wski			
	s, no, or unknown) VAC	FR IN U.S. ARMED FORCES? (II yes give wor or doles) 1949 – 50	of service 212-	28-6214		Frances	C.Andr	yszak,	1209	Delb	Ave
	18. CAUSE OF E	DEATH (Enter only one con ATH WAS CAUSED BY IMMEDIATE CAUSE	(o)	(o), (b) and (c))						INTERVAL B DNSET AND	
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AHON	Charles of the control of	ignificant conditions of			LATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		PERFOR	
CEKUPIK	OR (ONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206 D	ESCRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Port I or Port II o	f item IS.)			
MEDICAL	Hour o	JURY Month, Doy, Year .m. 19	20d. I White of wor			CE OF INJURY (Home, for ory, street, office bldg., etc.		y or town)	(County		(Stote)
		ify that (1) (this has deceased alive an_		ded the december	from_ and that	death accurred at	7 10	of causes an	d an the		(we) las ed abave
j	22o, SIGNATURE	1 she	To t	terre) MI		DIRECTOR CO	STAFF PHYS.	226. DATE 6-1	10-67	
	22c PHYSICIAN' NAME (Type		Feer	call 7	_	22d. 7626 Y	fork Road			1204	
230	REMOVAL (Specif	6/14/	57	Oak Lav		CREMATORY	Balti	more,	Mary	land	(51016)
24	S C d	owshi	WSKI &	SOMBLE	in	Que JATE	I 4 196	7 Telle	TRAR'S SIGN	STURE STURE	lane,

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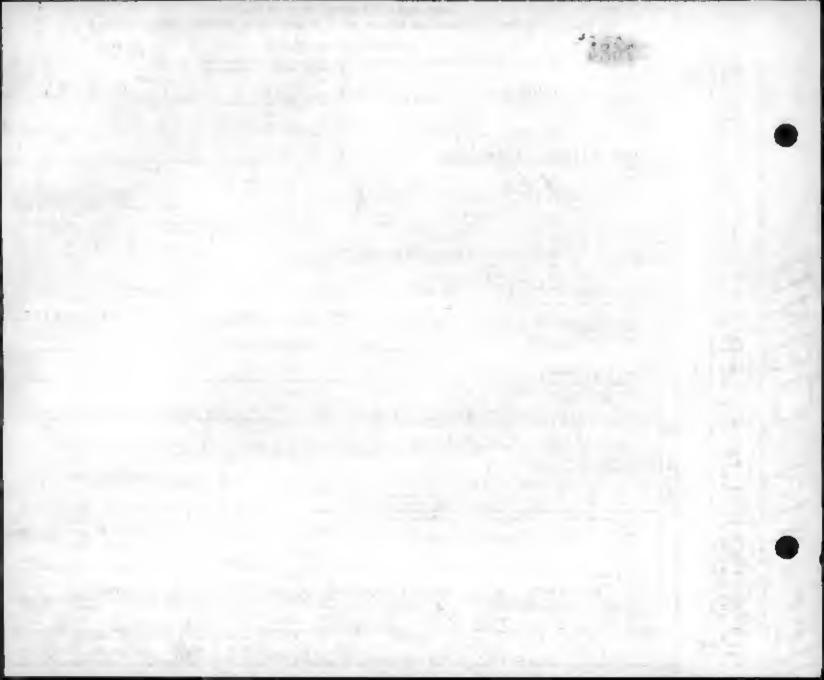
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TO FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please represe carbon papers. Pages, I and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and igrang event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

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	MARILA	AD SIMIL DE	LIND	WENT OF HERI	19.61		
Division of STATISTICAL	RESEARCH AND	RECORDS, 30	1 W.	PRESTON STREET,	BALTIMORE,	MARYLAND	21201
,	(ERTIFICATI	OF	DEATH		070	00

	07684	CERTIFICATE	OF DEATH	07660	6
1	PLACE OF DEATH COUNTY Baltimore County	MARYLAND	a STATE Md.	deceased Inved, if institution: Resider b COUNTY	City
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MOLET WILSON A NAME OF HOSPITAL OR INSTITUTION (If not in	length of stay in 16	BALTIMO d STREET ADDRESS	corporate limits, write RURAL and giv 176	e neorast towns
	Mount Wilson State		48 MARK	ET PLACE	ON A FARM? YES NO NO
1.0	NAME OF First DECEASED Type or print) WEAD	MATTSOM	ARCARRIENT	DATE Month OF DEATH JUNE	Doy Year 18 1967
5. 3	** ***	MARRIED NEVER MARRED E	7/28/23	9. AGE (In years IF UNDER lost bathday) Months 4.3 yrs.	1 YEAR OF UNDER 20 HRS. Doys Hours Mir.
	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY WALLET-CHARLE	11. BIRTHPLACE (County & Sto		DUNTRY?
13.	ELMER ARGA		14 MOTHER'S MAIDER NAME BERTHA	WEAD	
15, (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) [If yes give wor or dotes of ser	A ST. STREET, THE PROPERTY NAME IN CO. D.	cords, Moun	2.22	e Hospital
	1B. CAUSE OF DEATH (Enter only one couse p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE 10 Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse last. (c)	er line for (e), (b), and (c),) TAR ADYANCED P			INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTE CHRONIC AL	EDHULISM			19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE MOW INJURY OCCURRED.	Enter noture of injury in Port I	or Port II of item 18.)	
MEDICAL	20x TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (Stote)
	21. I certify that (I) (this haspital saw the deceased alive an	al) attended the deceased from	death accurred at	7 to 19	that (I) (we) last we date stated above.
	20. SIGNATURE 20. PRYSICIAN'S Winkame (New comer, M. 1	D., Superintende	22d. ADDRESS	TOR D STAFF D 226. O	- 18 - 67
230	BURIAL GREMATION, 236 DATE THEREO REMOVES (Society)		Tong Counce	3d LOCATION (City or Town)	(County) (Store)
24	Wenk H. Neure	Wikesulle 8	DATE JUN	26 1967 gillan	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07685 OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Whore decensed lived 3 institution: Residence before admission) o COUNTY o JTATE NUMBER 4 Baltimore MARY AND 24 haurs often Y OR TOWN TO BE TOWN TO IMILE by Pages LENGTH OF STAY IN 16 CITY OR TOWN If outside corporate limits write RDRAC and give nearest lown) wate Rt RAL and give nearest town lyr. Towson, Md. 21204 Towson it NAME OF HOSPITAL OR INSTITUTION It not in hospital, give treat address) B IS RESIDENCE ON A FARM? d STREE ADDRESS popers 1207 Culvert Rd. Chesapeake Nursing .lomm YES NG # 30, 3. NAME OF Middle 4 DATE Month Teor ompretely DOLEASED June 22 1967 Charles LaMar Armstrong ype ur print) DEATH exeruted 9 AGE to gent IF UNDER LYEAR OF JINDER FOR HES 6 TOLOR OR RAVE 7 MARRIED A NEVER MARRIED MOVE The popliday Hour È WIDOWED DIVORGED Cauc. œ. BIRTHPLACE I numby & State or foreign country) 2 OF ZEN OF WHAT Bo LYUA: OCCUPATION 'Give kind of work done. ON KIND OF BUSINESS OR г CARL NO. ense durages of working like ever relead kep. Warner Co. INDUSTRY physician U.S.A. cartificate Baltimore, MJ. 4. MOTHER'S MAINEN NAME ACHER - NAME 71.00 embov Joseph L. Armstrong Anderson WAS DECHASED EVER IN C.S. ARMED -ORGEST 6. SOCIAL SECURITY NO. 17 WHORMAN Addiess death (Yes, no, or unknown) (Iff yes give was at dates at veryica) W.W. 06+ 07 7138 Mrs. Noga k. Armstrong 1207 Culvert Rd Yes. 덛 INTERVAL METWEEN 8 CAUSE OF DEATH Three daily one down per line for in, b. Jond. ONSE AND HATH DEATH WAS AUSED BY tron IMMEDIATE JAUSE to á physician DIJE TO bornal DULL Conditions it any which gave rise to immediate couse (a). DUÉ TÓ s the la stating the underlying couse or ottending ligt s 1 97 WAS ALTOPSY PER-ORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT REJATED TO THE IERMINAL DISEASE CONDITION GIVEN IN PART 智 좀 7 YES F NO the hospitor 0 200 ACCIDENT WAL UNDER YING . 205 DESCRIBE NEW INJURY OCCURRED (Enter nature of injury in Part Lip Part II of Irem 18. ÷ 5 OR CONTRIBUTING CT CAUSE OF DEATH (IF JUTHER MOT IN MEDICAL EXAMINER) 20d INJURY OCLURRED 20s PLACE OF IN. DRY "Home, form. Killy or sown? Kaunty (Stota) 20c TIME IF INDURY Month Day Year á Nous o.m. factory, street office bidg, etc. NorWhite. While. ar work 🗀 of work 21 | certify that/ this hospital) attended the deceased from \(\frac{1}{2}\) 11-1211 2 to peulota, ad 2 and tool death accurred at & Motor causes and on the date stated above 1960 shw the deceased alive an DIRECTOR 22b DATE SIGNED 220 ISIGNATURE STAFF PHYS DIRECTOR PHYS abod 22d ADDRESS PSHYSICIAN S FUNERAL T. GILMORE GEORGE 1717 York Road, Towson, Maryland Tollar. di ector 23ii OCATION Tity or Town) 230 BURIAL TREMATION 23b DATE THEREOF 23c MANY OF CEMETERY OF CREMATORY (County) REMOMAL (Spycisty) 6-26-67 Druid Ridge Baltomore, Balto., Md. 9 256 REGISTRAR'S SIGNATURE 24 FUNFRAL DIRECTOR ADDRESS. 250 REC D BY REGISTRAR Wm. Cook-Brooks Towson, Towson, Md. Lange 20 M 1766



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BAUTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

2 USUAL RESIDENCE. Where deceased aved. I enstitution Residence before admission? PLACE OF DEATH Š b COUNTY OUNTY MARYLAND completely fulled in by the b CITY OR TOWN It is a de organale limits TENGTH OF STAY IN IN JTY OR LOWN (It outside corporate limits, write RURAL and give nearest rawn yeare ki kijn and give hearest town ADDRESS 719 Winner Avenue E IS RE DENCE d WAM OF HOSPI At OR INSTITUTION If not in haspital, give street address. ON A FARM? With 3 NAME OF 4 DATE DECEASED 140 TYY W. s William Sr. Tippe or ponti DEATH & COLOR OR RACE * MARRIED 8 DATE OF BIRTH dGF 'In repri IF INDER TEAR FORDER DA HRS NEVER MARRIED 8 to a bathday **CTWOONW** DIVORGED 1) ale √ hite TO CAPEN OF WHAT Boll Julian Chad PATION Give known or work date. Ob KIND OF BUSINESS OR BIRTHPLACE (Caunty & state or fareign rount y *OHE BAS during most ut working life even 4 retired) pradse рһүѕкип Captain Fire Dept MA MOTHER MAIDEN NAME 11 4 4)1 V V James W. Atkinson, Jr. 5719 Winner WAY DISCASED EVER IN ARMED TORREST affendir Denn t Yes WW1 INTERVAL SETWEEN B CAUSE OF DEATH "Intel dray one cause per line for in "b, and u. the the ţ. OKSL AND DEA H PART DEATH WAS AUSED BY IMMEDIATE CAUSE II j è DUE TO signed burio build andition if any which gave (b) tite o mmedia e ausa o DUL TO storing the underlying could has been 9 WAS A TUPSY PART OTHER LIGHTLEANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (40) PERFORMED NO 206 ACCIDENT WAS UNDERHANG !! 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part OR CAPRIELTING T AUSE OF BLATH hed THER NOT BY MEDILAL XAMINERS 20d INJURY OCCURRED 20a PLACE OF MILIRY Home form. (City or lown Caumhyl algre) 20s Time OF INTURY Month Day Year factory street, office bidg, etc. Hexii ques While Not White āt-wark 📖 at work 21 I certify that (1) this haspital) atlended the deceased from Lo 10. 19 _ , That (I) two last be reforned 19 ... and that death accurred at 3. 1. M. from causes and an the date stated above TO FUMERAL DIRECTOR: sow the deceased alive an 726, DATE JIGNED 220. SIGNATURE ATTENDING MO PHYS DIRECTOR pode 22d ADDRESS 221 PHYSIPSAN Dr. David E. Zickafoose MAMP Type 10 au 73a BURIAL KREMATION 236 DATE THEREOF ZIK MAMI DI CEMPTERY DE CREMATORY 23d OCATION (k-1y or Town) (County Barial (Specify) Baltimore, Maryland 5-27-67 Lorraine Cemetery D 250 REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR VR ALS 41 Ellsworth Armacost -4600 Liberty Hints, Ave June 10 20 M F 166

within 24 hours ofter death cent ticate be executed the death



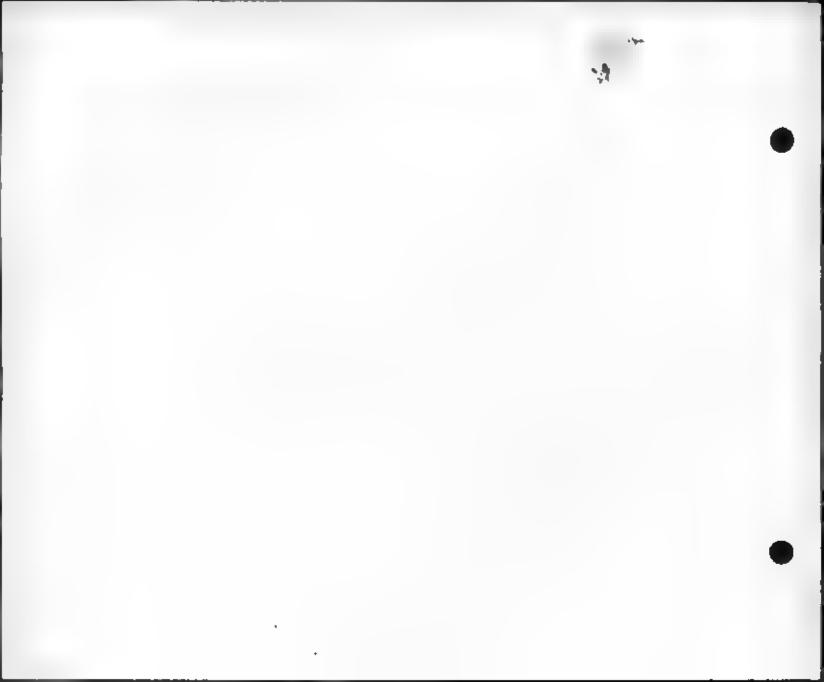
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALT MORE MARYLAND 21201

ATECA

K	(.1001		CERTIFICAT	E OF DEATH	546	100
1	PLACE OF DEATH P COUNTY RESTAUDORS		MARY AND	2 USOA: RESIDENCE O	Where deceased avail, it insulation for its COUNTY	evidence before agmission
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Г	d name de Hospilai or institutio	N. If not an hospitologic	ve street oddress)	d JIREFT ADDRESS		ON A FARM
	St. coleph	Lospitel		3016 W	foodhome Ave.	VI. NO D
	NAME OF DECEASED Type or parell Giova	annino	Maddle D. Be	rrasso	4 DATE Month OF June	Day Year 20 19 17
5	SEX & COLOR OR RA	KE MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 AGF (In years) Ful	NDER YEAR IF HERE 24 HRS.
	a le white	WIDOWED [DIVORUED D	6-24-97	igs birthday Mon	
	Gual OCCUPATION (Give kind of wor ing most of working life even i retired Him TITE O		possusamess or usrey chant Marine	I talv	& note or firtegr would's	OUNTRY?
3	FATHER'S NAME			4 MOTHER'S MAIDEN I	NAME	
	Anthony Barrass	0			Maria S. Rug ic	ro
5	WAS DECEASED EVER IN U.S. ARMED FOR DOLLOR ON MEDIUM (HP yes give word)	BCE75 0 20	OCIA, SEGURITY NO	INFORMANT	Address	
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	Burist (Specify) 6/	30/67	231 NAME OF MITTER OF	'aith Cem.	Baltimore, Mar	
L	FUNERA DIRECTOR	nc. 5305 H	address erford Rd - Be	alto. 11 25p RECT	2 8 1967 2000	AR'S SHANA RE

TO FUNERAL DIRECTOR After the certificate has been signed by the offending physician and compressly tilled to by the funeral direction propers. Pages and 2 should be titled with the state Deposition of the other hands of the other other of the other of the other of the other TO MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR ATS (4) 25M 67



VR 415 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALT MORE, MARY, AND 21201 MEDICAL EXAMINER FOR STATE 07683HEALTH DEP PLACE OF DUATH 2 USUAL RESIDENCE With a decembed long into a limited the between discussions D. STATE b. COUNTY Poge MARY AND b 1984 OR TOWN (III outside corporate limits LENGTH OF JIAY IN 16 not be no at times in the RURAN and give neares PM3 write it IRIs on the rainer town, OF SELECTION OF SELECTION D a Riff "DDR? P IS RECIDENCE g fin gile gilen uddres. ON A NRM 9 NAME OF Middle DECEASED vae alle g DUY WIDOWED Dud 2 event to Phillip Contains it work done TIPS For working like, even it retured. oreman 410 poges Examiner penci 阳 S WAS DECLASED BORR IN U.S. ARMID IR Chief Medico. Yes in all 26 in [It yes give world dottes of service ar removal 8 CAUSE OF DEATH (Enter only one couse per hoe tou hopf trapport INSET AND DEALH DEATH WAS LAUSED BY IMMACDIATE CAUSE OF DUE TO middlin ingry which juve THE COMPLUS SUBSE. Б DUE TO stating the underlying couse lost 9 v PAR POTHER JUNIFERST INDICHS DIVERS INDICIDATE BUT NOT READ TO HE FRANCIO DISCOUNT IN JRONG MARKET Wa L FUR IRW L 205 THE RISE HERE ROOK TO BE 20g ATERNAL Approva RRF "Enter notore - y - Pr Post it them B 8 CERT PRIMARY] & 'ONTRIBL' ING [CAUSE OF DEATH 25 IM OF INTURY Manth Six Year in all or skell sop Practile At A RY He see to by at fewer auniy Hips and all y legal of hilds endhus Not While of work 堻 at work designated 21 | certify that I tack charge of the remains-described above held an Autopsy [7] and n my aprican invoerhigh. may be retained for FUNERAL DIRECTORdeath resulted from Natura causes Accident Suicide Undeter nined manner Hami ide CHIEF MEDICAL FRAMINER 22 DATE SIGNED SIG NATURE Addie - Street 7, 400 a. Medith NAME Type) 230 BURIA, R MARGIN. 50 256. REGISTRARY SIGNATURE FUNERA, DIRE VR A SME MY 681 166

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET BALT MORE MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAM. The law, requires that the death certificate be exmented within 24 hours after death.

Page 4 may be refainted by the haspitual of foreigned physician and completely tilled in by the funera.

TO FUNERAL DIRECTOR After his certificate has been signed by the attending physician and completely tilled in by the funera VR ATS

OR ATTENDING PHYSICIAN. The law requires that the death certificate be exmuted within 24 hours after death



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE J. MARYLAND
	O7697 CERTIFICATE OF DEATH 37673
4	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution: Assidence before admission)
	Bullion MARYLAND england I buse
	b CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY N 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
-	d MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
	1 For E XII-11. I HORSE, OCK -21/2 YES NO []
3	NAME OF First Mindle Last 1.4 PATE Month Dev Year
	OFFICE ASED TO THE TOTAL
-	SEX 6. COLUN OR RACE 7 MARR ED MEVER MARR ED B. DATE OF BIRTH 9. AGE (IN YEAR) FUNDER 1 YEAR
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ďΰ	(All most of working life, even if retried) INDUSTRY
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	erres menore Elizabeth G. Thomas
	WAS DECEASED EVER IN . S. ARMED FORCES 15 SOC ALSECURITY NO. 17 INFORMANT Address strong or unknown) If yes give war or dutes of service)
	0 1 x 5-/4 5 1/4 star 1. con - 1 + 20 2 4 , ale con , 1.
	18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).) PART DEATH WAS CAUSED BY ONE T AND DEATH ONE T AND DEATH
	IMMEDIATE CAUSE (3).
	Conditions, H my, which) (b).
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200	Underlying cause last.) PART DTHER'S ON F CANTOON TONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (1) 119. WAS AUTOPSY
FICATION	Ulcaretice Colivic
	20a. ACCIDENT WAS INDERLY NO CO. DESCRIBE HOW NILLEY OCCUPRED. (Fater nature of lower in Part 1 of Item 18.)
CERT	DR CONTR BUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAM NER)
MEDICAL	20c. The DF Nilry Month. Day, Year 20d MIURY DOCURRED 2DB PLACE OF N. JRY (Home, farm, 20f (City or town) (County) (State) Hour a.m., While - Not white - Not whit
ME	p.m. 19 at work At work
	21 certify that (i) (this hospital) attended the decreased from
	228. S CNATURE
	William a. Typan _ M.D. PHYS. THEOTOR DIRECTOR D
	1 22 PHYS'C AN'S MAME (TYPE) William AA, Trason 220 ADDRESS.
23:	BUDGAL CREMATION, 23b. DATE THEREOF 23c. MANE OF CEMETERY OR CREMATORY // 23d. LOCAT ON (Gity town or county) (State)
	REMOVAL ISPACITY -10-67, Perlin unurial gardens Celus as
24	FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 250, REGIST
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224 9 GNATURE DUP AL CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR GREMATORY LOCATION IC by lown or country. REMOVAL (Specify) TOPE MILES GNATURE Ba 24. FUNERAL DIRECTOR D BY REG STRAR 1 250



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS. 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE DE DUATH JSBAL RESIDENCE Within deceased award of the feet Residence refore odmik i in Baltimore b iUNTY MARYLAND. Maryland Harford . 5 19 gp. Wk 15 stade opporte mits TY DR DWN It mit de prepiate time wide RURA: più give dedrest with BICH OF STAY IN TH write RURAL and give hearest form 2 hrs. BOY FACE ALL RIVE Rocks Towson 21141 B 3 8 7 1/5 RO 3 d NAME TE HOSPITAL DR INST 1/10M. If not in lospital give direct address. INDOE 119' h The A ARM? TO NO [XXXXX Nelson Mill Road St Joseph's Hospital NAME OF 4 DAL. DECEALED Live 6 yes or print CHARLES James DEATH 9 ACF Vec O GOR DE RAIL MARRYID NEW REMARKS STOLEN 6 DAR OF BIRTH no Soft-for Mr. gth WID-WID IX DIVORTED. White 10s Plant is Phill Mild except while done CO KIN OF RISONEL OR Timber drong more all working in even il refired?

Laborer Trout Dale, Virginia 3 -ATHER MAKE A MOTHER WAIDEN NAME Nannie Billings Whittmore n -JKIA SE IR PA NO 2 INFORMANT RD #2 AddreBox 103A 4RWI YOR No 232-24-8657 Whittmore Billings Fairview, W.Va. P LAUSE DE DEATH IN EL y iffe for \$ pet ₩ if THE STATE OF A THE PARTS TATH WAT GUY THE Massive Internal Reeding psow DUF To gunshot wound of abdomen and chest involving the Williver and lung. le in adule de la DUE TO stating the underlying couse P P 报告 Y THINK I YOU ALE THE ADMINISTRATE AND ASSESSMENT OF THE PROPERTY OF THE PRO PRIMARY THE CONTRABUTING TITLE LA Subject shot by his son 3 Forrest Hill, Harford, Md. or helicove silo Aligny X. ond in my policion death test the trans-Norwigi buse As ident HI + M -D OI XAM NER 22 DATE SIGNED FUNE NAME YOR Med 73) NAME OF MAINTY OR REMAINSMY. . DA HER OF 2 in AIA REMATON Sharon Baptist Hill Maryland Forest So RE D BY REGUL RAW THE RE IS RAR S SCONE LE 24 JNERA, DIRE, JOR VR A SME (5) Jarrettsville, Md. Dargul ocharles Charles E.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21207 CERTIFICATE OF DEATH death PLACE OF D. ATH 2 USUAL RESIDENCE Where deceased lived if institute Re delice before admission o COUNTY b COUNTY ALTIMORE MARYLAND by The Pages TY OF TOWN ENGTH OF STAY IN B C Y DR TOWN 'If pullside corporate limits, write RURA; and give necrest rown stude aront he mists ANTHE RURAL and give repress town LS QUA d NAME OF HOSPI'AL OR INSTITUTION THINGS IN hospital give theet address. d STRET ADDRES ON & FARM MORE Middle DATE p etely † korbor 3 NAME OF Type at print DEATH E'ARO IF INDEK YFAR DATE OF BIRTH AGF 'In years IF UNDER 24 HRS 6 TOLOR OR RACE MARRIED NEVER MARRIED remove In- birthday Annoths. Days Moors WHITE DIVOR- (D. WIDOWED 2 TIZEN OF WHAT 106 KIND OF RUSINESS OR Kounty & State a foreign country Oa I SUAL Ot (Li PATION Give kind of work done NDUSTRY OUN RY? during mini of wanting the leven if retired). -OREMAN 3 FATHER'S MINNE 14. MOTHER'S MAIDEN HAM 0 offending p 16. SOCIAL SEA IR TY NO WAS DECHASE FYER IN 15 ARMED FORCES INFORMANT Address Mes. ng. at inknown. (If yes give wor or dates of invite-JAME. INTERNAL BETWEEN 18 CAUSE OF DEATH (Finise unity one couse per line to: u. *ISMS# PHO. ONSIT AND DEA H DEATH WAS AUSED BY IMMEDIATE CAUSE (0) à DUL TO Signed Pour C Conditions if any which gove (6) nie to immediate ouse o. DUE TO fo use use if Health prior to b stoting the underlying couse kgs. PURPORMIDS ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO PART II OTHER SIGNIFICANT CONDITIONS FON RIBL NO. 20g ACC DENT WAS UNDERLYING [20% DESCRIBE HOW INJURY OCCURRED until nature of injury in Part of Part | of riem +8 DR CONTRIBUTING LI CAUSE OF DEATH 200 THE HITER NOTIFY M'DI ALEXAMINI R derached Dept 20s. PLACE OF INJURY Home form 204 INJURY DOGJER D Tity or towns Cauchy (Stole) 20x TIME OF INJURY Marsh Day You factory, street office bidg, etc., Hou O.m. No: While at work of work 2) I certify that to (this haspital offended the deceased fram My from auses and an the date stated above 10 and that death occurred at saw the deceased arive on 270. SIGNATURE 22b. DAVE SIGNED STAFF DIRECTOR. PHYS. 22d, ADDRESS ZZc PHOYSIC, AN'S director po shavid be i NAME (Type) JOH THAMP OF CEMETERY OF CHITMESON 236. OLATION (City of Town 23b DATE THEREOF Stole) 23e BURIAL GRESAMION "Specify" ÷ TARKWOOD DAITMOE 413 19 -FUNERAL DIRECTOR RK KOPI

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TO FUNERAL DIRECTOR

ATTENDING

within 24 hours offer

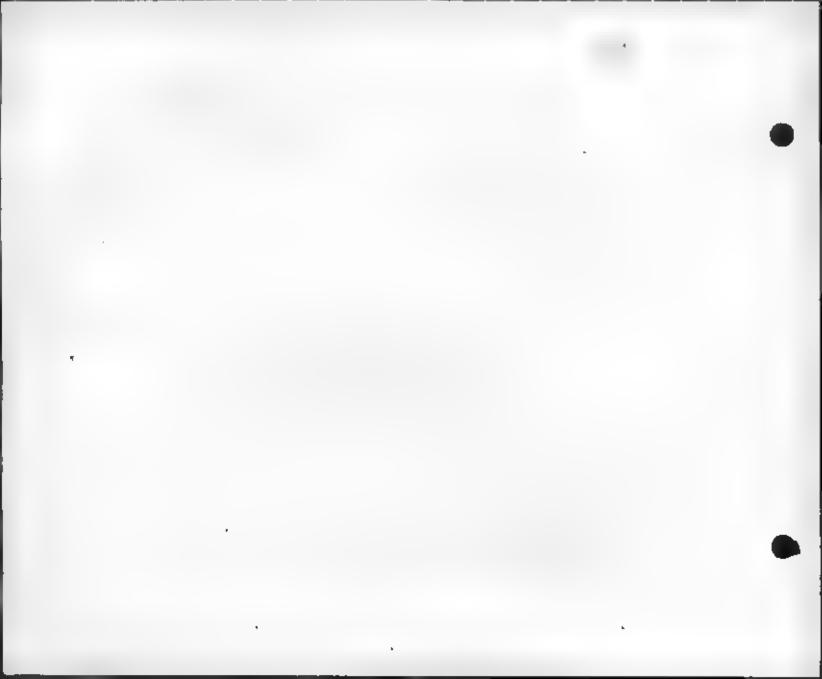
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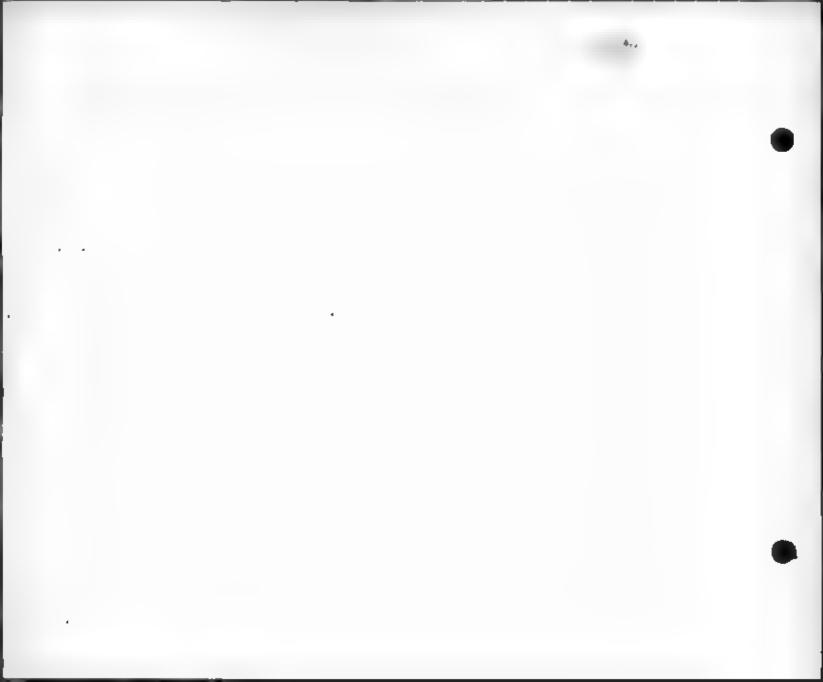
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARY, AND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USDAL RESIDENCE (Where deceased lived of invalution. Residence helpine notyces) of BULTIMORK a OUNTY MENT WITH TO HAVE HULTITIONSb. CITY OR TOWN If publicle to parate family E LEKSTH D STAY IN B CITY OR TOWN (If pulside terporate limits, write RURA, and give necessit town write, for RA), and give necess んいていんでレバレレビ OF HOSPITAL not in he pital give shapt address? d STREET ADDRESS e IS RESIDENCE ON IN HARMS 3 NAME OF Middle 4 DATE YP31 DECEASED MARTIN ELMER 10 67 Type of print DEATH FUNDER 1 YEAR 6 COLOR OR RACE AGE To years 5 SFX 7 MARRIED T NEVER MARRIED Simbdey) Manth: Down WIDOWED DIVORCED the "SuA; Or "PATION Give kind of work done." 06 KIND OF BUSINESS OR 2 IT ZIN OF WHAT du sa se warking the even retired INDUSTRY OUNTRY 2 physician HOTEL PANNA 13. ATHER'S NAME MONROE WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO (Yes indicate on king-win. (It is give wor or dotes of service)) BOW MORRS 216-65 0831 LUTHERMINE B CAUSE OF DEATH (Enter only one cross per line for o), (b), and (c).

PART DIATH WAS CAUSED BY

Broncho precument of UPPERVAL BETWEEN ONSE! AND DEATH MIMEDIATE JAUSE FOR ArterioSclerotic Heart Disease S y days DUH 10 Conditions, if any which gave nse to immediate rause to. DUI TO storing the underlying rouse WAS AUTOPS PERFORMED? PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 784 41 DENT WAS INDERLYING TO OR TONTRIB. TING TO LAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part of Port || of Item 18 THE FITTENER MOTHEY MEDICAL EXAMINERS 28c. TIME OF INJURY Month, Day, Year 20rd HNJURY DECURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Наш оло foctory, street, office bidg, etc.). Not While 21 1 cartify that (I) (this beauty) attended the deceased from. 196 7, that (1) (we) last 96 Z, and that death accurred at 11.0 PM, from couses and an the date stated above sow the deceased plive on FUNERAL DIRECTOR 22a. SIGNATURE 276. DATE SIGNED ATTEMOVING M.D. DIRECTOR PHYS PHYS 728. ADDRESS 20 PHYSICIAN'S NAME (Type) durector should t 23c NAME OF CEMETERY OR CREMATORY 236 BURNA (REMATION 206. DATE THEREOF 23d OCATION (City or Town) (Lourshy) REMOVAL Specifys Balto. Co. Dulaney Valley Mem. 24., FUNFRAL DARECTOR 25a. REC'D BY REGIS RAP 256. REGISTRAR'S SIGNATURE harles VR A15 (4), 1 01.0 ork HOSE 20 M 1 66



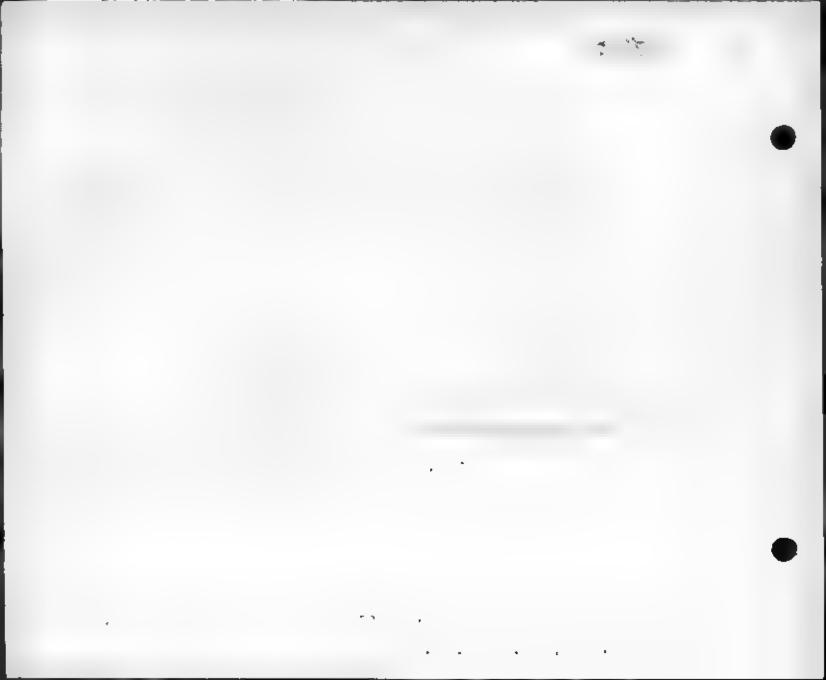
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET BALT-MORE. MARYLAND 21201 0**76**96 CERTIFICATE OF DEATH n 24 haurs after death PLACE OF DEATH USLIAL RESIDENCE Office deceased tived if involved as Residence before admin angle D. COUNTY Maryland Baltimore MARYLAND b LTY OR THINN IN HUTURE response limits CITY OR TOWN IN Jurisde algorate and write RIRA and give neares rown LENGTH OF STAY IN 15 write RI VA: and give neurest town) One Week Baltimore 21213 d NAM. JF HOSPITA, OR INS' TUTION (It not in hospital give ifreet address d TREE ADDRESS e IS RESIDENCE AN A ARMS 2415 Chesterfield Ave. St. Joseph Hospital No. LK NAME OF Middle 4 DATE Month 4601 completely DECEASED Michael BOLEWICKI. R 67 Joseph June Type or print) DEATR è B DATE OF BIRTH P AGE in west-YEAR IF J MOER 24 HRS 6 COLOR OR RACE " MARRIED UNDER NEVER MARRIED Manths January 13,1898 DP 6X6 à White WIDOWI D DIVORGED Male ion shua, Or IPATION | Give kind of work done BIRTHPLACE is during & stole or foreign country TO'N DE WHAT U. S. A. du mana tracking de even defined Self-Employed Retired Appliance Dealer Maryland ES FATHER'S NAME 14 MOTHER'S MAIDEN NAME e Py Joseph Bolewicki Anna Lubinski remov " MFORMANT (Wife) Balter Md. 21213 WA DECHASED FYER IN ARMED FORL 57 16 SOC AL SCHERITY NO Dermil No 11 yes give wer or doles of service 216-32-4259 Mrs. Lillian Bolewicki, 2415 ChesterfieldAve. IN FR A BETWEEN B CAUSE OF DEATH (Initial only one louse per line for oi, lb: and ic. PAR' DEATH WAS AUSED BY DNSE AND DEATH MMHDIAT CAUSE IOI Arteriosclerotic heart disease in congestive 3 heart failure burio Conditions, if only, which gove. die to mmediale cours of DUE TO Pating he underlying couse 事品 lost. (c) 9 WAY AL TO PAY PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE "RMINAL DESIGN ONDE ION LIVEN IN PART IN YD4 PERFORMED? Cerebrovascular thrembesis NO DO If O'R ATTENDING PHYS CIAM (EP) FI 206 DESCRIBE HOW INJURY OF CURRED (Finise noture of injury in Fort I or Part of them B 20-0 AT DENT WAS UNDERCYING 3 OR CONTRIBUTING □ CAUSE OF DEATH CIF EITHER NOTHY MEDICAL EXAMINER You PLACE OF NURY (Home, form, (State: 20c TIME OF INJURY Month, Day, Year 204 IMPURY OCCURRED (City or lown) (County) 냝 Hour p.m. factory, street affice bldg, etc. nt work at work June 23, \$67 that \$6 we) last 21 I certify that M this haspita) attended the deceased from June 17. 9 67 10 pauloja. saw the deceased alive an June 23. 9 67 and that death occ red at 2:15M from rauses and on the date taked above DIRECTOR 22a, SIGNATURE 22b. DATE SIGNED PHYS III June 23, 1967 ő M.D. Page 4 may b O FUNERAL NAME Type Ramon P. Lopez. M. D. 7620 York Rd., Towson, Md. 21204 die for should? 23: NAME OF THE TERY OR REMATORY 46 DATE THEREOF 730 BER AL 'R MATION 3d Ot.ATION IIV of Town Burial (Texty) St. Stanislaus Cemetery Baltimore, Md. 6/27/67 ADDRISS 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRLOTOR John J. Duda, 2829 Hudson St. Balto. Md. 25M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

07697	7	CERTIFICATI	E OF DEATH	0763	70
A PLACE OF DEATH	i H			deceased fred of Institution, Re-	sidence before admission)
	ltimore	MARYLAND	* STATE Maryland	b. COUNTY Balt	
b. CITY OR TOW write RURA.	iN fif od side corporate limits	LENGTH OF STAY N . b	c. C TY OR TOWN If outside	corporate limits, write RURAL a	und give nearest town)
To	wson	ll months	Baltimore	21221	La te não Noval
d. NAME OF HOS	SPITAL OR NSTITUTION IF not in hospi	tol, give street address	d. STREET ADDRESS		o. 'S RES DENCE ON A FARM?
Dalaney T	owson Nursing Home		less 16 Ridger	moor Road	Day Year
DECEASED Type of print		Middle	OF.	414	13 19 67
5. SEX	6. COLOR OR RACE 7 MARR ED	NEVER MARK ED T	BOLTH DATE OF BIRTH	9. AGE 'In years IF I'NDER ast birthday' Months	
male	white wowen	DIVORCED 🗍	Nov 23, 1900	66 yrs	
10a USUAL OCCUPAT	TION Give kind of work done LOB KIND	OF BUSINESS OR STRY	11 BIRTHPLACE (County & St	ate, or foreign country) 12. GI	TIZEN OF WHAT
Engin	eer		Templeton, Ma		L.S.A.
3. FATHER S NAM			14. MOTHER'S MA DEN NAME		
	rt T. Bourn EVERING S. ARMEDFORCES? 16 SOC	TAL SECURITY NO 1 17	Carrie Cummu	ings	21 204
(Yes, no, or unknown)	(If has byte man at attent at smales)		laney Towson Nur:		
NO NO	DEATH Enter only one cause pa line:		tailey Towson Nurs	Strig Home, 111	NTERVAL BETWEEN
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	DI-E TO			(no c)	J 121- 2 ZZZ
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W ADDITION	WAS ENDERLYING 3 200 DES		RRED. Enter nature of logary la	Part I or Part T of Item 18.	
OR CONTR BUT	NG CAUSE OF DEATH ITIFY MEDICAL EXAM NER)	llat from	Ŕ		
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S 31-001, (f)	m. June 1966 While T	Not White	Home		
	ly that I) (this hospital) attended				Z., that (I) (we) fast
saw the de		- 19 G. Z., and tha	death occurred at of M.	, from the gauses and on th	io dete stated above. TE SIGNED
228. SIGNATO	-00 × 5000	elle M.E	ATTENDING MED.	ETAES	13/67
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NAME (T)	TONVED 1 DOL		Jawson,	NO 51500	_ - - <u>- =</u>
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF HEALTH MED PLACE OF DEATH 2 USUAL RESIDENCE Where decenses we in thinto Reside to other characteristics. p 1 JULY A 5 CUNTY n mALF Baltemore, MARYAND Poge Thy deloy 2 and 3 PAR3 Pag b TY OR TOWN IF deade retpo de mill FNG/H OF STAY N 5 TY OR TOWN II outside jurgicrots and write RIRA and use more a few ti Jatonsville 30 months Catonsville d NAME OF HOSPILA, OR IN TOUCH ON If not a hospilar give titreet address d I REF ADDR e I'RE THE. F. # 2 Monmath Rd. 2 Formouth Ri. 21228 3 NAME OF · DATE Monr ŝ DELEASED DFA1H 2 therine H, Kradley 8 Cve vae all paint · 4 B ATT IF BIR H 19 p VEO S THUR THE KATE TUNDER LYFAR OF MUCK ALMED MARKIEL N VER MARRIED C. 11, 1905 Lary And a localer to bry Morali Te. Dec. 11, WIDOWED DIVOR TO T d SuA, It IPA IN Give to work done - 9b (I to Dr. Bill INFS) OR Confectionery self-e.ployed Baltir ore 1d. IS ATHER NAME 4 MODER MAIDEN HAM Otto Hinternesch 9 16 VOIGAL (\$1) 19 1Y NO WATER ABOVE RING ARMSTROKED TO The Chief Medica Pres in mixing world pressure of the or arrange) 212-42-4306MA Charles H. ansfield 2 oppouth 3d P. CAUSE OF DEATH The new me folkie per one for the hold 8 PAR DEA HIWAY A WEIGH MME JATE AJSE JOS DUE TO anditio day which gove , ise middlare se o, (stoling the underlying couse. 0 forworded FAR II TIMER HITHER SUDDITIONS TO REFINE A 4.6, NOTE ASSIST A RESIDENCE OF SURVEY AND 9 45 61 POR DOM NO & 20 A PANA A MA 205 TO REPURDA INJURY OF RIKED These restore in type of Pair Pair PRIMARY OF CONTRIBLTING OF should AUSE OF DEATH TO MILE IN IR'S MILE Day Year 40° W R C VE the busing the lor roge as 5 may be retained for your fife FUNERAL DIRECTOR Page 3 *6.II 3 F With Johnson ? certify the took hatge of the Princes described above hold in A to 1 1 in the 😿 Car Cad a my car in droff resulted time. Noteral ouse [2] Ar den . Suiode ____ Himalide _____ de r r ed 22 DATE SIGNED or many Misalt Are XAMI yes. NAME UPR 32200 5 Adore really own T 738 5 PIRA PIMARINA St. Fauls Cemetery Violetsville A INFROI DIRECTOR VR ALSME (5) · waster DA JUN 8 1967 : R3 -" 6ML 1 167



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

07699 CERTIFICATE OF DEATH PLACE OF DEATH USDA; RESIDENCE Where deceased med it institution Residence before admiration) a DUNTY b COUNTY MARYLAND MARYLAND TY OR IOWN 14 purside improfe imit. ENDTH OF TAY IN H CITY OR TOWN It outside orporate limits write RERA, inc give nebte a town write RUSAL and give neares Jawri FORT HOWARD 1h DAYS BALTIMORE d NAME OF HOSPITAL OR IN 11 10N 14 high in hospital give street address. E IS RI OLNILL A STREE ADDRESS 606 RADNOR AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO 12 NAME OF DATE DECEASED DF CHARTES AGUSTUS DEATH Type or print) 5 SEX AGE IT YES. 6 GLOR OR RAIL MARRIFL NEVER MAYRIFO rays birthitay Mir ark WIDOW FC. DIVORCED. MALZ IGO IS JAI II' PATION 'Give kind if work done OF KIND IF BUSINESS OR T716 F WHAT " N 872 during the of Austria, "e, even it refried)

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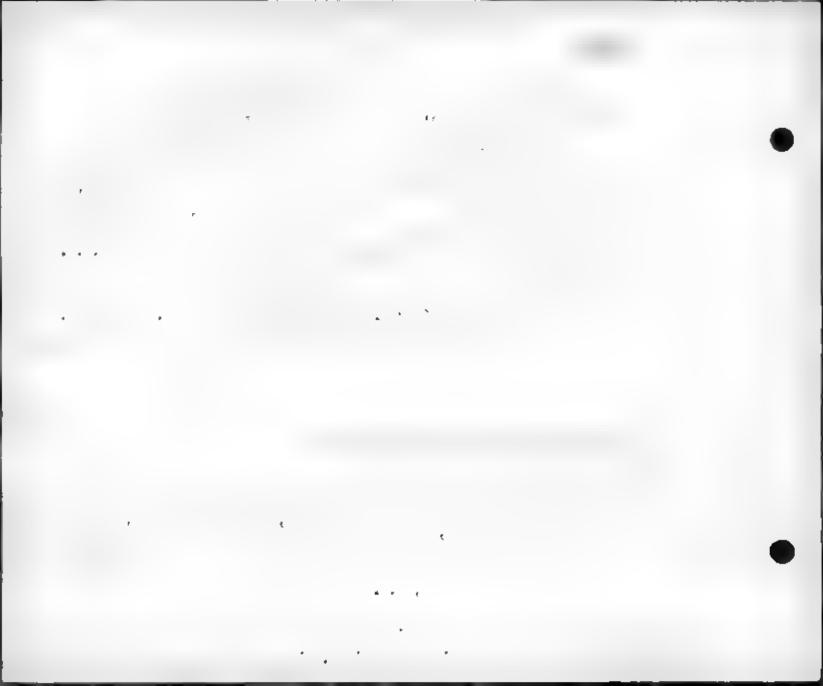
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PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301 W 07700 USUAL RESIDENCE (Where decreased lived it instit 4 an Residence before admission PLACE OF DEATH o (OUNIY Baltimere sait more MARYLAND death contricate he executed within 24 hours after b CTV OR CWN If outside argurate waits. LENGTH OF STAY IN 16 CMY OR MANY 31 authorise important from white RURA, and give nearest rown papers Pog hin 72 hours 1 Water KIRN and give pacesi lown Catonaville d SREET ADDRESS. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address, " RESIDENCE DN A FARMS Milhor 72 ND [overely, t 3 NAME OF Middle 4 DATE Month 113.1 PECEASED Type or pont's 08 a DEATH 16 YIAR IF UNDER ALHRS 9 AGE in years .FUNDER 6 COLOR OR RACH T MARRIED DATE OF BIRGH NEVER MARRIED iasi birthday Manthy Days hours MIDOWED DIVORCEO LINITE Female. ren n gr puo THE WHAT "Do JEUN" OF "UPATION (Give kind of work done OF KIND OF BUSINESS OR BIRTHP! ACE is aumay & Stole or foreign country USA please during may of working life even it intreds INDUSTRY pup Maryland physeri en pièt 13. PATHER'S NAME 14 MOTHER'S MAIDEN MANE Annie George Myers remov IS WANDECEASE, EVER IN 5 ARMED - INCESS Richard P Gilbert 500 Equitable Big. DA STICIAL SE JRITY NO Address ottendi (Yes no. a) unknown: (If yes give war a) dates at senate) b 5 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for ro), (b), and (c), r Promsil* CHISE AND TEATH Cremon PAR' I DEATH WAS AUSED BY reduires that w harrow w IMMEDIATE CAUSE (o' 占 DUE TO signed Spirolit anditions I any which gove rise to immediate duse (a). DUE TO stoting the underlying couse kis! ő 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN HE PART (40) hū, PERFORMED" 존 Health ND ertitir gte OR ATTENDING PHYSICIAN ठू Œ. 206 O'ESCRIBE HOW INJURY OF TRRED. Enter nature of injury in Point is Point that them: B 20c. Aud DINT WAS UNDERLYING TO detached for OR CONTRIBUTING . AUS! OF DIATH IF CHERER NOTIFY MEDICAL EXAMINERS 亚 FREE SE VERLINI PO 20e PLACE OF NURY House larm 20) TIME OF INJURY Month, Day Year VIDE ROW Sinte Hael am. jartary stree office bida et No: While C at wark 7 | certify tha (1) (this haspital attended the deceased from December -1966 Should be retained and hat death are area at & PLM from auses and an the date stated above saw the deceased alive on. TO FUNERAL DIRECTOR 22m. SHGNAT HEE M.D. PHYU 221 PHYSI IAN . 22d ADDRES O HOSPITAL NAME Type director shoold 23) NAME OF My FRY OR TRAMATORY 73d 10 IN 1 thy or 230 BURIAL 'R MATION 236 DAVE THEREO REMOVA Opecdy western Cem. Balto 6/19/67 "Sb REGISTRAR'S HUMATUR 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR D. - 4101 Edmondson We. VR A+5 (4) 25M 1 67

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIV SION OF VITA, RECORDS 301 W PRESTON STREET BALTIMORE, MARYLAND 21201 67683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE UNUAL RESIDENCE When delet and land PLACE OF DEATH Pri dence le pre d'ima ithire F HIN Y Baltirore av in Th Y TK TWN 11 to de proclética was 9 ft and is gire no a adjace use, from a Towson 4 NAME OF HE STAT ON INSTRUCTION OF Man to hospital gave sweet dates. a R. AGDR The or SEW 1.050 York Road 1123 Echo Court Sout NAME OF è DATE DECLASED VROOMAN DEATH Jime Abe o DI Cont. NEV R MARRIES o DIAR K KATE MARKIEC A A in the new corp. or A4DOWER. 5 KIN: IF B. NE IR do no may working to ever if erned 5,87 Washington D.C. Vice-Pre. Pun.ral Dir Funeral Home 3 ATHERS AW. Viola Ingle Edwin Vrooman 15 WAS DOCKASED EVER IN U.S. ARMED FOR THE 17 INFORMANT 16. SOCIAL SECURITY NO. Med of (Fes pour unknown) [If yes give war or doles of service] Mr. I. Scott Brooks рендінд same as 2 B CAUSE OF DEATH I miles by one of a per me of a 15 on 15 on 1 COME AND HER I PART I DERTH WAS CAUSED BY Militi 6 Aug piom ř Candillook Alony which gove a ese la menediale ause aj. DUF TO stoting the underlying oute. BOK O BIFLOND DROUGH DROUGH SOURCE BY A ROOM BY RANKA OF HER BY THE BOK OF THE PASS PURPOY PRIMARY "TO KONTRIBLE HG Office 13/4s 10 KKEM, 1 2. I certify that large his the terminal delived oblive held on Auripsyl. Inspection and in my opinion Suicide Ti Homicide Undetermined monner depth resulted from? Natural couses Acudent 22 DATE JONED MG NO PUNERAL B 5 ma 10 FUNE Health THARTES F. O'DONNELL, M.D. . NAME OF WIR OR RIVETORY di an pedity Jane 17, 1967, Jerson Cemetery Rolffrore, Mary Lan Towson, Maryland 21204 NVN 1 S R L DYR P. R. RAR make P. Mr. Cook-Prooks Toweon 1050 York Road VR A SME (5)

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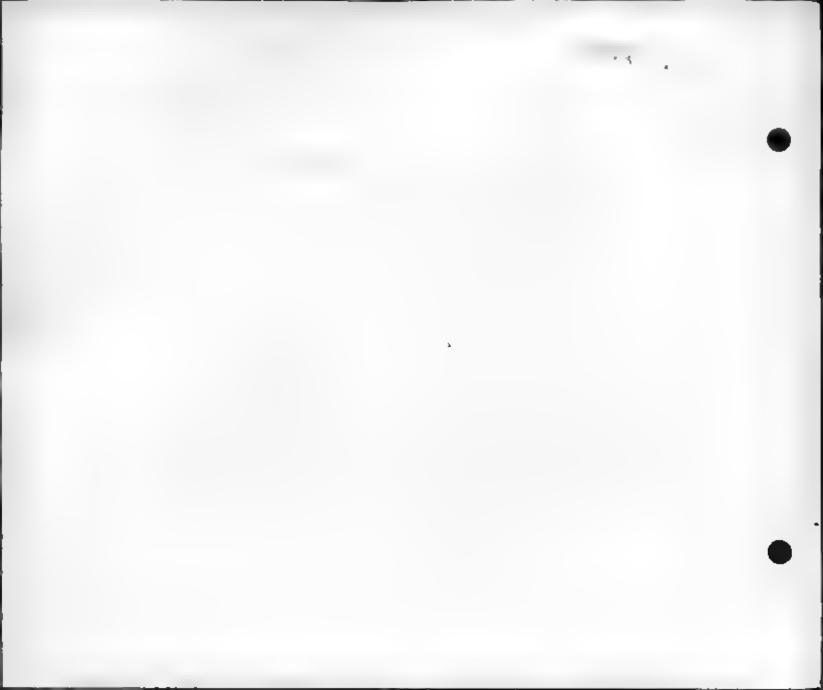
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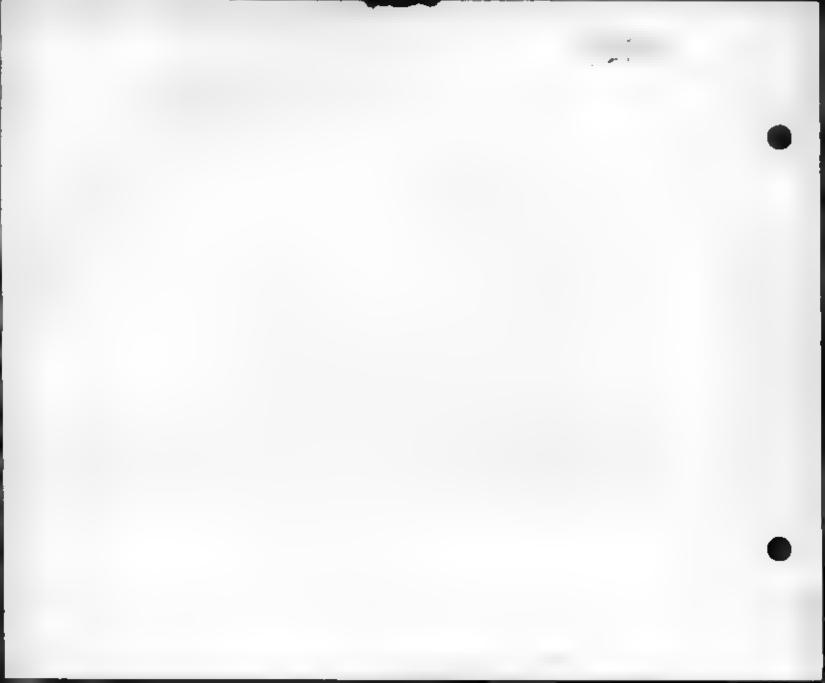
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MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND DEATH after death. Where deceased lived, if institution Residence before admissions PLACE OF DEATH USUAL RESIDENCE a. COUNTY MARYLAND c O'TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b C'TY OR TOWN "Fourside / caponate limits wille RURAL and give nearest town Ξ. O. NAME OF HOSP TAL OR "ASTITUTION (If not in hospital, give street address på p vidhin 72 ON A FARM executed within completely carbon HAME OF Middle DF DECEASED DEATH event, (Type or print) DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR OF UNDER 24 HRS 5. SEX COLOR OR BACE Ė. NEVER MARR ED remove ast birthday) any W DOWED LOB, USUBL DECUPATION (GIVE kind of work done 10b. K NO OF BUSINESS OR during most of working is even fretted) NOUSTRY foreign country) C: TIZEN OF WHAT £ physician in please in please and r COUNTRY? during most of working MUSCE The law requires that the death gertificate MOTHER'S MAIDEN NAM FATHER'S NAME removal endrig | 25 WAS DEC EASED EVER IN 11 S ARMED FOR CEST.
Yes, may by tankown) fyes give war or dates of service. SOCIAL SECURITY NO. cramation, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] UNSET AND DEATH al-trans al, crain DEATH WAS CAUSED BY+ the pospital or attending physician. nace IMMEDIATE CAUSE (8) Signed J # /1 2 DUE TO 計画 Conditions, if any which (b) beer gave rise to mined ate 2 바 DUE TO cause (a), stating 35 0140 underlying cause last PARTI OTHERS ON FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICAL WAS AUTOPSY PERFORMED? # Figste CEPTIFICAT for us YES (NO L Re-c PAYSIC AN this cere detached fo DESCRIBE HOW INJURY OCCUPATED (Enter nature of injury in Part I or Part I' of Itam 18.) 208. ACT DENT WAS UNDERLY NO TO OR CON R BUT NG CAUSE OF DEATH (IF EITHER, NOTIFY REDICAL EXAMINER) 208. ACC DENT WAS UNDERLY NO (State) 20f (City or town) (County) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, fa.m., TIME OF MUURY Month Day Year (actory, street, officebidg. etc.) Hour a.m. Not while While ATTENDING be retained by at work at work 2] I certify that (I) (this hospital) attended the deceased from 194 E SE 19 🚾 💪 and that death occurred at - 9 / M. from the causes and on the date stated above. DIRECTOR saw the deceased at we on 22b. DATE SIGNED 22a S GNATURE MED STAFF page M.D PHYS DIRECTOR PHYS Page 4 may ADDRESS FUNERAL 22c PHYSICIAN S 22d director, should be NAME (Type) 23d. LBCATION (City, town of county) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 236 TREMOVAL HSpec fv' D 10 FUNERAL DIRECTOR 258. VR A15 (4) Ellsworth Armacost - 4600 Liberty Hights. Aveloage 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIV SION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 JSUAL RESIDENCE (Where deceased fixed if institution Residence before admission PLACE OF DEATH a COUNTY Maryland Baltimore Baltimore MARYLAND b CIV OR TOWN if ranide imparate limits THE THE OF TAY N B CITY OR TOWN Jt autside carparole limits, write RJRA; and give necrest tawns write RURAL and give neare. rown Baltimore 14 days 29 West Elm Avenue d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e 15 RESIDENCE Oh A FARM? 29 West Elm Avenue YES NO TO Greater Baltimore Medical Center NAME OF A. DATE DECEASED 26 67 CECIL. ARTHUR BROWN Type or pont) DEATH IF UNCER YEAR I IF UNDER MATEC 6 (OLOR OR RAC) 7 MARRIED X B. DATH OF BIRTH 9 Mr. ein voor NEVER MARRIED 105) byrhdoy Months Day Mours 1/9/1893 WIDOWED DIVOR TO T Caucasion to 15 JAL 0000 PARION (Give kind it work dime. ON KIND OF BUSINESS OR 7 TIZEN OF WHAT BIRTHPEACE | bundy & state of foreign bundry during most of working leter even it retired) B.U. Rai-Iroad COUNTRY ? Retired Baltimore, Maryland USA 13. FATHER'S HAME 14 MOTHER'S MAIDEN MANE Lleanor Mc Clanahan William Fran Brown WAS TRUEASED EVER IN U.S. ARMED FOR TOP 16 SOCIAL SECURITY NO 7 INFORMANT Address (Yes, no, or which newh) (If yes give wor or dates of service) No Patient chart 18 CAUSE OF DEATH "Foter only one ouse per time for in) (b), and MIERICAL PETINTEN PART I DEATH WAS LAUSED BY ON STIAND DEATH Carcinoma of Lung. IMANEDIATE CAUSE (a). DUE TO Canditions, if any which gave ass to mmediate quie o), DUE TO Zoring he underlying ours PART II D'HIR SIGNILLAN' CONDITION' TONTRIB, TING IN DEATH BUIL NOT RELATED TO THE TRAINING DISASE CONDITION GIVEN IN PART WAT AUTOPSY PERF PMLC YES X WO: 20c Aud DIN WAS UNDERLYING TO 20b DESCRIBE HOW INTURY OUTURRED THE Springs of pure to Part of Part II of Idem B. OR CONTRIBUTING DEAUSE OF DEATH IF THER NOTIFY MEDICAL XAMENER

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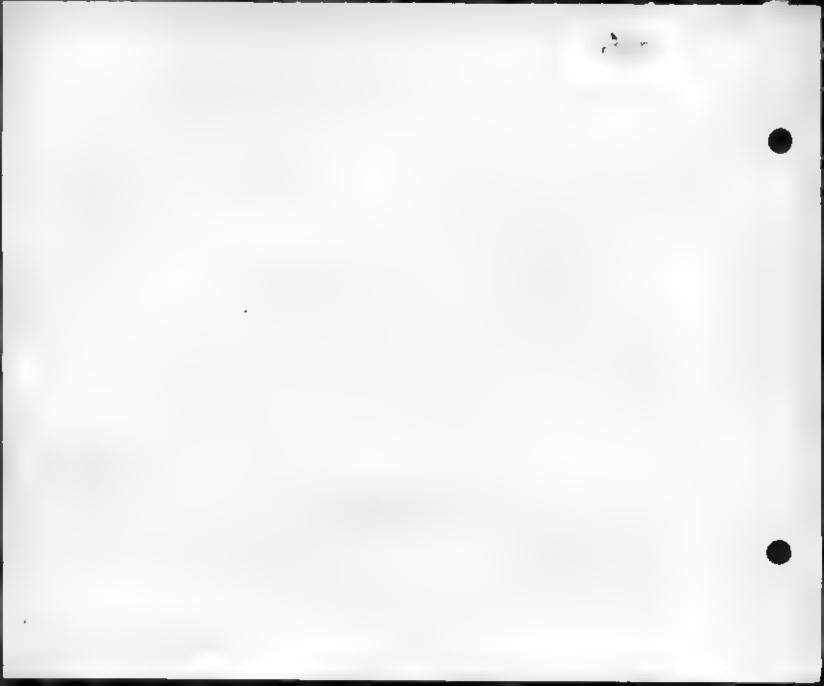
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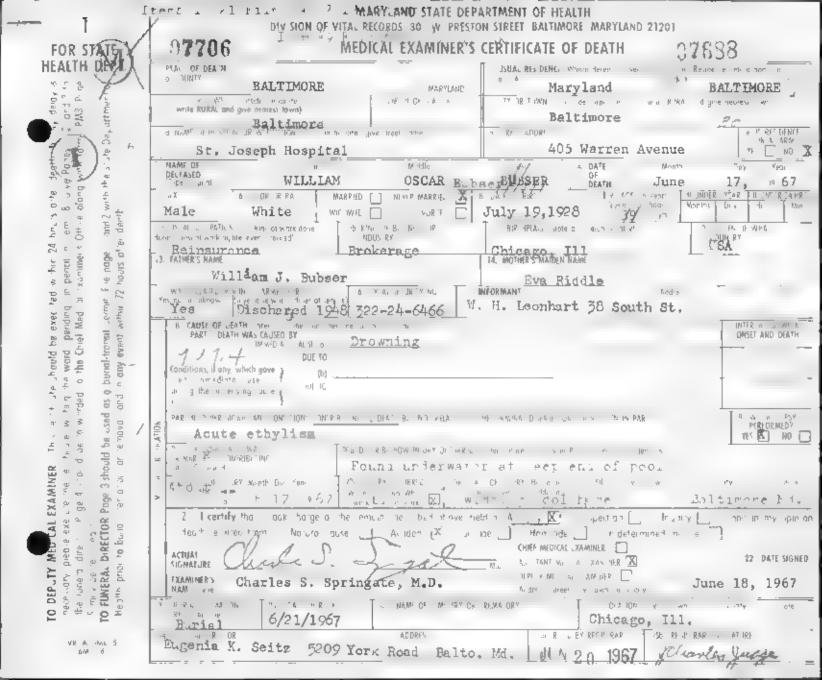
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF and 2 death. A. COUNTY ubund Rebidence eWiere deceased fred, It institution Residence before admission, B. STATE b. COLINIY ALTIMORE C CITY OR TOWN (Is outside corporate limits, write HURAL and give nearest town) MARYLAND CITY OF YOWN (if outside corporate imits, write AudAL and give hearest form) C LENGTH DE STAY 'N 16 BALTIMORC DE NOSPITAL OR INST TLT DN (II not in hospital, give street address 6-H116 M141854 6. IS RESIDENCE d. STREET ADDRESS ON A FARMT NO T NAME OF Year carbon DATE Middle DECEASED DF 10 (Typs or pript) DEATH 196 AGE (in years | Funder 1 YEAR of INDER 24 HRS and con remove 1 any eve 6. COLOR OF RACE NEVER MARR ED bi theay ! Months Hours DIYORGED BIRTHPLACE (County & State, or foreign country) | 12 C TIZEN OF WHAT Theories E MIGHT TZ WANCE certificate Terriby Terriby 416 the affection permit T pation, or ren 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, 60, or unknown a lives give war or dates of service mrs Carville m. Akehurst Ebenezer Koad 2, ,62 INTERVAL BETWEEN 11. CAUSE OF DEATH [Enter only one cause per line for (a' b, and (c).) cremat DNSET AND DEATH PART I. DEATH WAS GAUSED BY-ADENOCARCINOMA 6220 PHYSIC AN: The law requires that the hospital or aftending physician. MMED ATE CAUSE (#) burial:t as burial:t as DLE TO Conditions, if any which (b) has been se as the but pelor to be gave rise to immediate DUE TO cause (a), stating the underlying cause last, 19. WAS AUTDESY PERFORMITY PART I. OTHERS ON FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate hid be detached for use State Dept. of Health | NO. 208. ACCIDENY WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURRED (Enter nature of Injury to Part 1 o. Part 1 of Item 18 CERT OR CONTR BUT NG T, CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) MEDICAL TIME OF INJURY Month, Cay, Year 20d INJURY OCCURRED 20s. PLACE OF NIURY Home, farm, 20s. (Dity o town (County) (State) factory, street office bidg etc.) Hour a.m. d be d Not White be retained by RT Work at work ! 21 I certify that (I) (this hospital) attended the deceased from Cipric 19 4 . to June RECTOR: / e 3 should d with the , and that death occurred at 2. 12th. from the causes and on the date stated above. saw the deceased alive on , 22h, DATE S GNED 22a SIGNATURE page filed NLD. DIRECTOR Page 4 may 1 D FUNERAL director, pa should be fil **ADDRESS** 22d. 2/20/ BOY AL CREMATION. 23c NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town o county) «Stale. REMOVA, Specify) 2 Cold spring Cemetery Lockport REC'D BY REC STRAR 25h. REGISTEAR'S S. WHOT JRE FUNERAL DIRECTOR ADDRESS JU YN A15 (4) 15M 4-84







Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH SUAL RESIDENCE Wile pay rose two if ENCITE OF STAY IN ID. write RURA and give ser Win town TREET LODGE 4 DAIF DECEASED NCHE BUCKING HAN * MARRIEU |] NEVER MARR O ME B y TR A HR Mr. Pr WILL MAYED FOR or 31 June Chi Give kind of work done 3 ATHER B CAUSE OF DEATH . . . PART DEA H WA H &D DY MINE HAR AUST maten, Conditions, if any, which gave 3 use to immediate couse for DUE TO defing the underlying couse. PAR II OTHER SHIFTLAN' ON YOUNS ONTRIBLTING TO DESTHIBLT SO'R ATEC TO THE TERMINAL ON ALL ON TON FROM IN MAR | 6 9 W4 PERFORMED: FUD (RNA 2 day wiRRED. Those proceeds of none your Port, on Port to at internt & RIMARY THE INTRIBLE MG Adv Oru att WOOD INCLIES OF TRREE 1 lore fortory area. Mire hide et or work 2. I certify that look charge at the remains described above held an Aulapsy [] Inspect to X ng iry X and in my apin an death resulted from Accident Not irol to ise. X Sunde Marnicide : undetermined monner THIS MEDICAL EXAMINER \Box 22 DATE SIGNED ASSIS AND MEDICAL XAMENER DEPLITY MEDICAL EXAMINER **EXCAMINER'S** Hener H Addre lifted ify own in minty NAME OF CENT OR LEGISLORY 236 BIRIA IR MATION The file of the style of the file Pikesville, Balto, Co Druid Ridge 250 RETO BY RESISTRAR VR A SME IS

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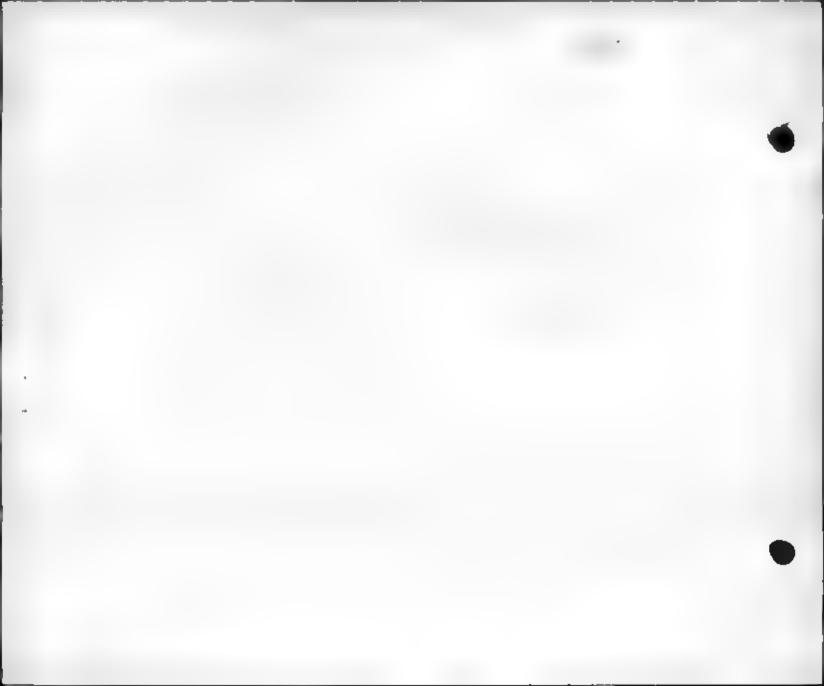
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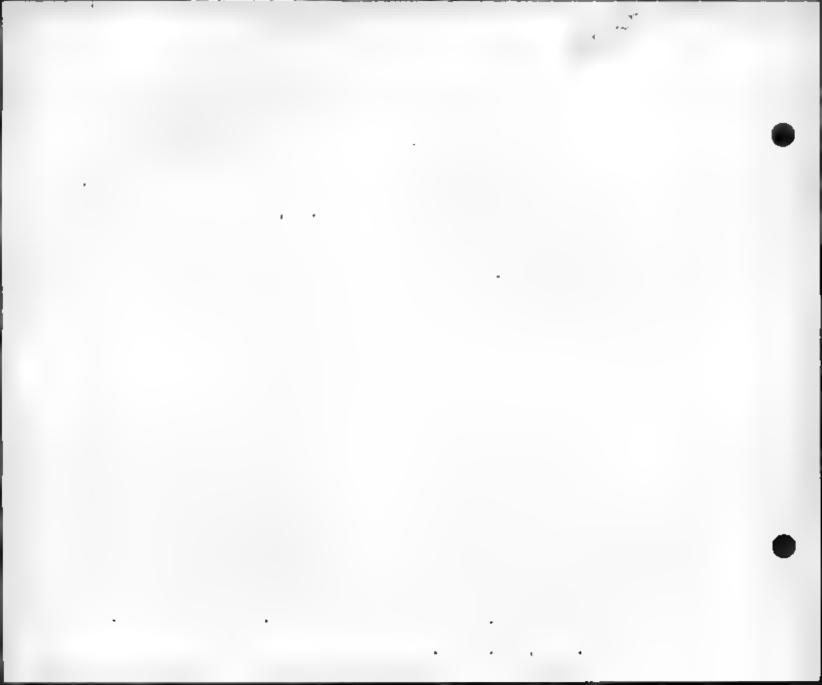
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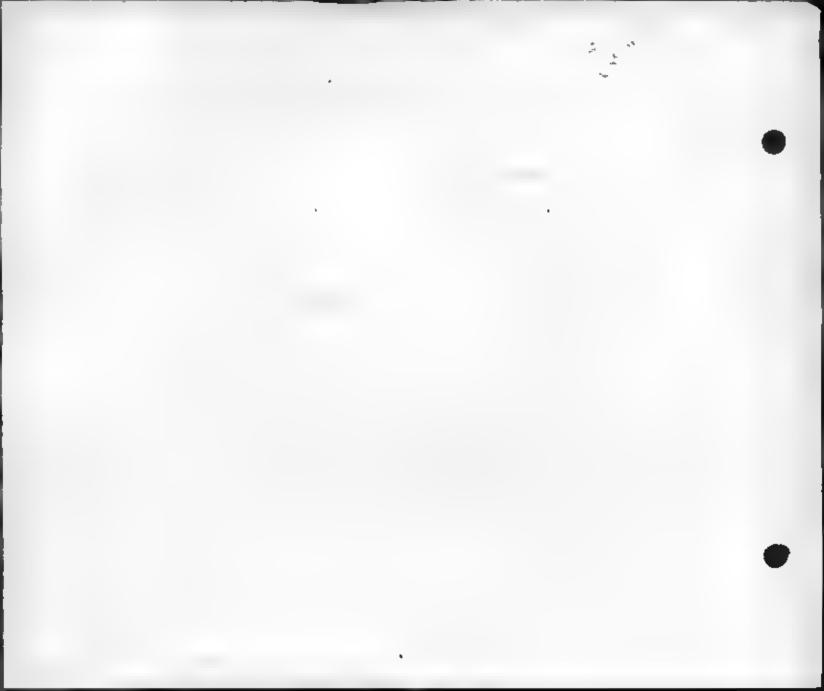
Division of vital records, 301 W Preston Street Baltimore, Maryland 21201 SUAL RESIDENCE THE HER HAR A STORY OF AN MARYLAND B CONTY PLAC' OF DEATH C .74 Y Baltimere Y RT WN 4 . I a he YOR TWO II offer grown and work Real ENC HIGH AK A 16 Towson Baltimore 21234 e If RET DENCE a NAME, IN INC. SE AL IR INS. All the contract of the contract 19 Q' SOPRE 8645 Cakleigh Read 16 6 28 W St. Joseph's Hospital NAME OF Middle 4 DATE BURNS DEC ASED Type is died DEATH B DATE OF BIRTH 5 P R ROTE MARRIED X N VER MARRIE 108/16" War no White Feb. 26, 1921. WIDDWE . And logit by live kild work done BILL KIND OF BUSINE OR State or linear punity Asst. Vice President Banking Maryland 4 MOTHER'S MAIDEN NAME 13 FATHER , NAME George L. Burns Frances Mumma WA DERAM FREE W. APM. TORIE 7 5 SGRAN, IF JRITY NO IN FORMANT ** Test ** *** **** 212-18-2739 Mrs. Sue Burns (Same) PAR DEA HA A DEY Nº 794 B WILL IMMEDIATE JULISE (0) PAR of this NILL AND TRIBUTIONS INTEREST OF DEPOSIT OF THE SECTION 0 7/2 6 Fr. RV. y ohly oh 205 BY J. R. R.R. HOW. H. H.R.Y. HERVILLE BY J. P. J. L. C. PRIMARY I OI CONTRIBLTING I Kill Artife you 2 I certify the triok range of the emina demobert Strate hild in Autopay A de In promoting to A TANK MIDE ALL XAMIGER FUNERAL F SP TY MI SEA, XAMINER EXAMINER'S NAME TWO CHAPLES Baltimore National Cem. Baltimore, Md. REAL AS Lapson's 250 RICO BY REGISTRAP INFO DIKL DR 256 REGISTRAR J SIGNATURE VR A SME IS Leonard J. Ruck, Inc. Balto, Md. 21214 arth.

MARYLAND STATE DEPARTMENT OF HEALTH



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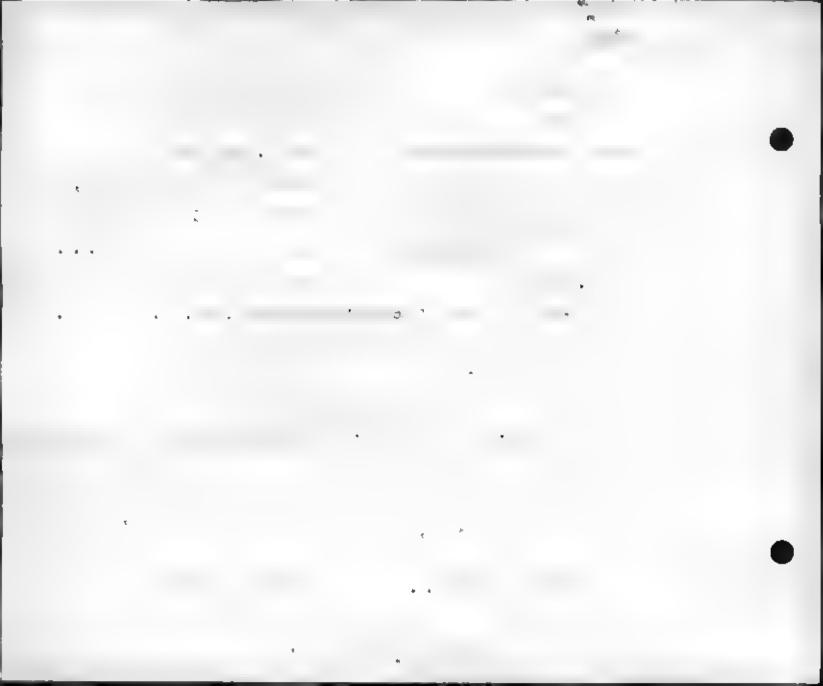


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

PLACE OF DEATH 2 USUAL RESIDENCE "Where deceased lived if in Flation, Residence behind interession." o. COUNTY MARYLAND **FIALL TIMORIE** MARYLAND ENGTH OF TAY IN O b CITY OR TOWN If outside large site limits CITY OR TOWN I'll outside carpotote limits, write RUKAL and give repress town DATE BALTIMORE d MAMILION HOSPITAL OR INSTITUTION not in haspital give theet address. d. STR ET ADDRI. e is Residence IN A ARM? 1805 E. 28th STREET VETERANS ADMINISTRATION HOSPITAL NC. 3 NAME OF Middle 4 DATE Morath Yen: DECEASED JAMES CAMPBELL JUNE 10, ype or print DEATH B DATE IF BIRTH & TOLOR OR RACE MARRIED T NEVER MARRIED 9 AG: c year UNDER 24 HR otheny Mouths WIDOWED NEGRO DIVORCED Paul: 10: 31 PatiON Give kills of work done Th KIN-THE BUSINESS OF BIR HPLAD combit & state in love grain only IT THE OF WHAT during mo: y work . 's avan if ierited') U.S.A. LYNCHBURG, VIRGINIA 13. FATHER'S MAME THE MOTHER'S MARDEN HAME MAGNOLIA JONES JOHN D. CAMPBELL WAYDE AND WEREN ARMETER ? 16 SOCIAL SE SREY NO 7 INFORMANT "Yes a miknown filting on wor a cole: of larvita" 228 22 36 17 CLINICAL RECORDS, VAH. FT. HOWARD, WEER IN BUTWEEN A CAUSE DE DEATH It due out oue miste per lone CHIDANISTO ATH PART DEATH WAS ALLED BY PNEUMOCOCCAL MENENGITIS MMHDIATH AUSE OF conditions flory which gove rise to nimediate passe a DUE TO Poling the underlying busy UNKNOWN PNEUMOCOCCAL PNEUMONIA, LEFT PART IS DITHER SKONIFICANT DINDITIONS ONERIES TING TO WATER BUT NOT REPORTED TO THE FRANKA ARE DINDITION OF IMPROVED PART A WE A 1957 PERLURMERT CHRONIC ALCOHOLISM: DELERIUM TREMENS; EPILEPSY, IDIOPATHIC. 20b DESCRIB: HOW INJURY CH. JRRED "Intel notion of injury - Port of Port of of item - B. 20c At DEM WAS INDERNATING WE MERPING I AUSIC DIAM IF THEY NOTIFY MEDICAL EXAMINER TOP PLACE OF INTERY Home four All 18th of INJURY Month Doy Year AND INTURY OF TRRUE the different Heur oin 'pytony tree white-bidg and attended the desensed from June 7. certify that III this houp to . and that death arra red at 8:00PM June from couses and you he deveoted plive of 270 SIGNATURES TAP GSS TAFF DIRF TOR 22: PHYSI-JAN ASDRU MAWE Type NEILSON, M.D. HOSPITAL, FORT HOWARD, MARYLAND Ad LOADING BY MAME OF TEMPTERY OR REMATTERY Tecope 230 BURIAL 'R MOTION 1810 CEMETERY BALTIMORE, MARYLAND 250 Octionles 24 FUNERAL DIRE TOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 09144 CERTIFICATE OF DEATH HAME OF DECEASED 2 DATE AND HOUR OF DEATH executed-within 24 hours ofter death PLACE OF DEATH IN BALTIMORE MARKLAND 4. USUAL RES DENCE Whele devented aved / quotions of a dende before admired not have it L - 45 "If not in hospital or institution, give sheet FULL NAME OF HOSPITA OR addless on addless. D. STREET ADDRESS Mr utot. gev 6. RACE 7 MARRIED, NEVER MARRIED DATE OF BIRTH 9 AGE radigo. WIDOWED, DIVORCED specifyl lest bidhday Months oys Hou · for Maleral 17. G TIZEN OF NOA USLAL OCCUPATION Give kind of work TOB KIND OF BUSINESS OR INDUSTRY BIRTHPLACE Style of foreign country WHAT COUNTRY certificate be done during most, of working bis every's remed TO A FATHERS, NAME 4. MOTHERS MAIDEN NAME 5. Was Decreased Even in U. S. Anned Forces? INFORMANT ADDRESS Yes, no or unknown[]] were give wor at dates of service: SECURITY NO law requires that the Legal La CAUSE OF DEATH NTERVAL BETWEEN 37MUX EM ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH This does not mean the made a dying, e.g. heart for use inschange at means the disease. has been s Page 4 may be retained by the haspita at attending n usy at complication which coused death ANTECEDENT CAUSES DUE TO O HOSPITAL OR ATTENDING PHYSICIAN The DISEASES OR CONDITIONS if any giving 150 to the obove cause A storing the INDERLYING CONDIT IN BE TO THE CEAR BUT NOT BEATS TO F 22. I certify that I filis haspita Lattended the deceased from that (1) two Nast saw the deceased a ve on C / and that a myt for spinion doots accurred an the date d rector, page 3 should and how and from the causes stated above.) (We) (Grd1) did not view the body after death BOA S GNATURE 7" E DATE SIGNED e Fod POR PHYSICIAN 23D ADDRESS NAME TYPE M.D. 24C NAME OF CEMETERY PORTEMATORY BUR'AL CREMATION, 248 DATE VR A 5 4 A DAYE REC'D BY HEALTH DEPT. TASE NAME OF REGISTRAR Asi annient o union

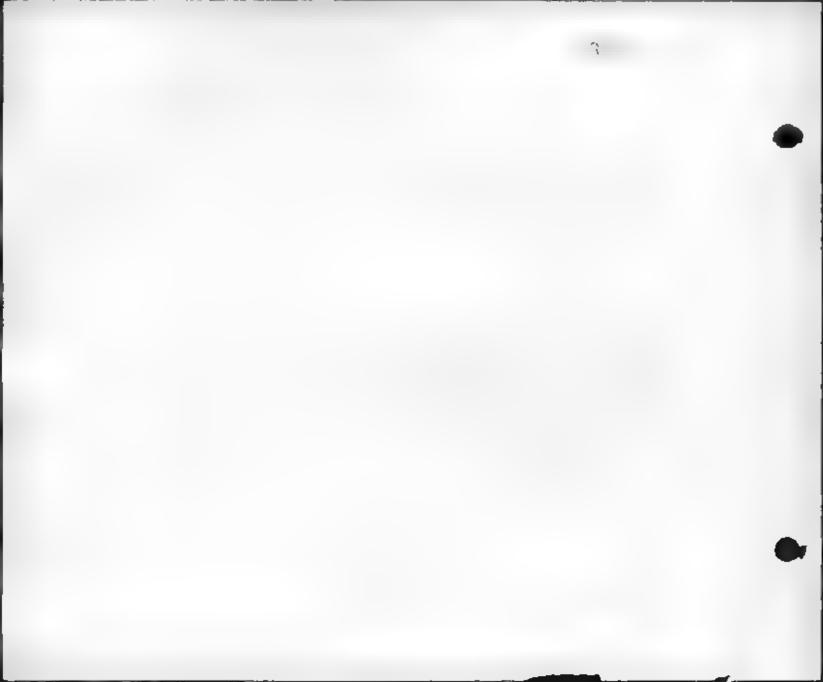


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH n 24 hours often death PLACE OF DEATH 2 JSUAL RESIDENCE IMbere dereased lived, if institution Residence before admission O COUNTY NUMBER daltimore aryland ltimore MARYLEND, bi CITY OR HOWN (1) hurside corporate himits CITY OR TOWN I'll outside corporate limits, write RURAs and gave nearest, own MGTH OF STAY IN D write RURA; and give nearest rawn, d NAM OF HOSPITA OR INSTITUTION (It not in nesprice give street address, d STREET ADDRESS e IS RESIDENCE pdpprs ON A MEM 622 Fairway Drive ta2 Fairwal Lrive YES T within Ni 3 NAME OF First Middle 4 DATE Month carbon Year (compreherly DECEASED Chenowith A, m s June 9 67 Pape of print DEATH equires that the deoth tertificate be executed 9 AGE r years IF UNDER 74 HR S at X T 8 DATE OF BIT H IF INDER 6 COLOR OR RACE YEAR 7 MARRIED NEVER MARRIED dely builday 11,1892 AUQ G white WIDOWED K DIVORCED 10g 15g/Ar At 1PA 1AN Give kind at work done. IDE KIND OF BUSINESS OR BIRTHPLAY Townty & store or foleign sont y: TITIN OF WHAT during mgs inh working ide_even it corned) INDUSTRY OUNEYA London, England no e aker M. MOTHER'S MAIDEN KAMI t3 *ATHER'S NAME Jonn Donnelly unknown 5 WA Dictional EVER IN a LARMED FOR 2 INFORMANT 16 SOLIAL SECURITY NO Address offendir (Yes, no. of unknown) (If yes give wor or dates of service) J. Keese Chenowith 5∠2 F 1rv none 18 CAUSE OF DEATH finter only and course per time for all the and INTERVAL BETWIFF AND DEACH trons, t PART 1 DEATH WAS AUSED BY IMMEGIATE AUSE to -DATE: 31 Signed 1 Concinialis I any which gove isa to immediate duse al. stating the underlying buse ₽ 'n 9 WA AL OF A ž PART II OTHER SIGNIFICANT TONDITIONS TON RIBLITING TO DEATH BUT KOT RELATED TO PER WRMEU? NO. 206 DESCRIBE HOW INJURY OV: JRRED Enter nature of injury to Part or Part II at take 8 The ACT DENT WAS INDER TINE] OF CONTRIBUTING CAUSE OF DEATH CIF THER KOTIEY MEDICAL XAMENER MEDICAL 204 INHERY OF DRREE The PLACE OF MILIRY Home room 2D: IMF + INJURY Month Day Year outifu) itata Hour sun. e While Not While factory street, office bldg. etc.) of work OR ATTENDING a) wark 960 10 9 & 2 that (I) (we last this haspital) attended the deceased from ACAC 2 Lettify that 10 paulo, B. aq 2. 4 M. 1 am (auses and on the date stated above and that death a u red at saw the dereased alive on FUNERAL DIRECTOR 27o YIGNATURI 726 DATH IGNED DIRECTOR PHYS pode 22: PHYSICIAN'S 22M ADDRESS NAME Type1 S. G. Sullivan d recibil 23n BIRLA TE MATE IN 23% DATE THEREGO 236 NAME OF C METERY OR CREMATORY IK A TION to dv. at Tewn H.lto. 2 P hore will be VO Lity 24 FUNERAL DIRECTOR VR A15 (4) 25M itchell-wickef :1

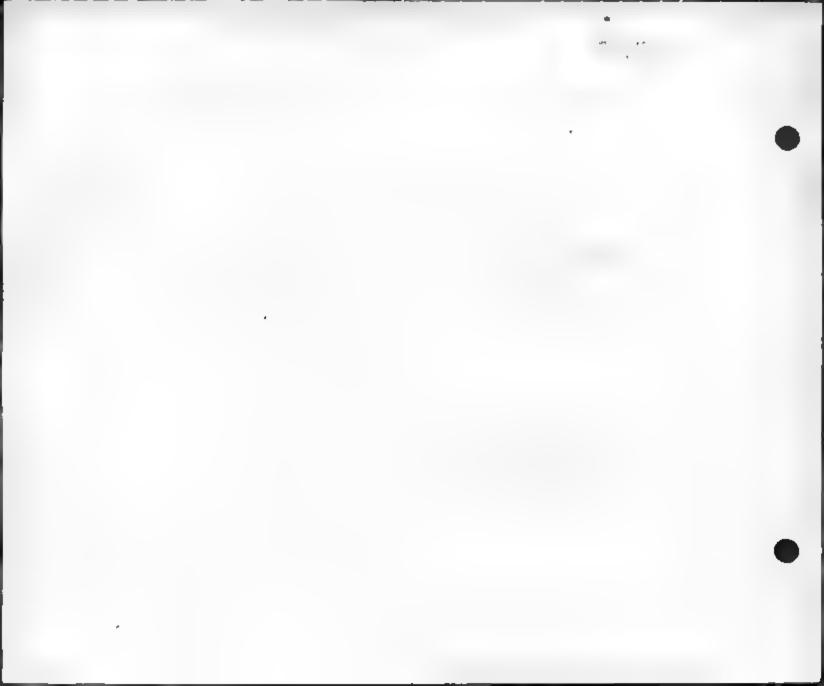


MARYLAND STATE DEPARTMENT OF HEALTH DIV SION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death and USUAL RESIDENCE (Where deceased lived if institution Revidence before admission PLACE OF DEATH a IUNTY B COUNTY RALITIMORE o STATE ANNE ARUNDEI MARYLAND o CITY OR FOWN OF outside conjuncte limits ENGTH OF STAY IN B LITY OR TOWN (It outside corporate limits, write RURAL and give heares, rown write RUKA to dillive negresi ruwa 14 DAYS BROOKLYN PARK FORT HOWARD DENTE d NAME OF HUSPITAL DR INSCITUTION (If not in bospillo, give street undress d STREET ADORESS Oh A ORM? OLD RIVERSIDE YES [] by [VETERANS ADMINISTRATION HOSPITAL NAME OF Middle 4 DATE Mouth Day FROM comprehely vava corbon 3 DECEASED OF P 67 JUNE GEORGE CHILLDS Type or print's DEATH 978 I BADA 5 .FX B DATE IN BIRTH AGE In year FUNDE YEAR JE UNUSRILIA HRS 6 JUNE OF RACE MARRIED N VER MARRIED to hirthday Marths Joys Mour WHITE MALE WIDOWED DIVOR: ED JEN OF WHAT In ISSA, ICC PATION 'Give kind at work done. THE KIND OF BUNINESS OR BIRTHPLACE county & date of they carrier 트 THIN RY di i mi of working te ever il e-redt NE RY GI. PIG PLUMBING BALTIMORE, MARYLAND U.S.A. SHEET METAL WORKER 9,0 IS FATHER HAME IN MOTHER'S MAIDEN NAMA emayal MARY DUMBARTON HORACE CHILDS 5 5 WAS DECASED EVER IN THE 4RMED FURGES? DISCRIPTION OF STREET NO INFORMANT 4ddress (Yes, no. or unknown) (If yes give wor or doles of service) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. IB CAUSE OF DEATH Title in vione louse pet time only in unit VAL ET WE'N CHSET AND DEATH PART I. DEATH WAS CAUSED BY REPATOMA MIMEDIATE TAUSI 10. 20 DUE TO burndl-t Conditions, if only, which gove rise o minadiote couse on DUE TO stoling the underlying course lost. B PART OTHER JIGN WANT INDITIONS CONTRIBL WAS TO DEATH BY TIMO: KELASTIP TO SHE TERMINAL PISSASSI UNDISSASSI UNDISSASSI 9 AL A CHAS OFRIORME. 80 BRONCHOPNEUMONIA N. PT-FIRE Ago as TeN' WA UNDER YND 20h DEN RIBE HOW INNERY DOT JERRED I JOHN DOT HELL OF HELL OF HELL OF THE BOARD OF IR DNOR BUILDING I WOULD OF DEATH THER NO Y MEDICAL XAMES Y $-\bar{\epsilon}$ 104 INJURY IRREO 26e PLACE OF INJUR. Home form 701 20) TIME SHINGURY Month Boy Year ÷ tortary street office odd etc Nous our While. No: While of york Ė ATTENDING 0 A0% 21 I certify that this total of a tended the deceased fam saw he deceased a veran 6/12/67 9 and the 5/29/67 and the deuth a weed ab: 304 M from auses and on the date stated above be retained DIRECTOR 22E Da Fillunitú 220 DIGNATURE SLAFF PHYS be filed 22d ADDRESS O HOSPITAL FUNERAL Type TALBERT. M. D. VAH FORT HOWARD, MARYIAND resing hourd t AND MANE OF THEFFERY OR TRANSFORM 73d OFA TON with as lawn 250 BURIA, REMAIRM JUST DATE THER OF troughts. Page RUME VAL Lipschy! June 15,1967 BALTIMORE, MARYLAND 2 v BURTAL 24. FLIMERAL DIRECTOR RITCHIR KICHWAY, DALTINGRE, MD

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH 2 USUAL RESIDENCE l'Where deceased lived it institut an Re idence before admission. COUNTY MARYLAND 24 haurs after b OTY OR TOWN To a place or parate limits BIGTH OF STAY IN B If autside corporate limits, write RURAL and give nearest town provide RuRA; and give nearer agoviweeks B IS RESIDENCE ON A ARM d NAV. OF HOSPIA. OR INSTIT TION If not in hospital give irrest address H STREET ADDRESS cene MC Middle NAME OF DATE Doy 051 regi. DECEASED OF Type at phot DEATH 10 AGE In years INDER IF JINDER 24 HRS . 180 CLOR OR RACE NEVER MARRIED B. DATE OF BIRTH birFiday Months Days Hours WIDOWED ANORGED. Dr. 15 - At 15 TUPATION Give kind of work done OF KIND OF BUSINESS OR " "EN DE WHAT BIRTHPLATE (Lounty & State or Fareign country) during must of working line lever if the red). INDUSTRY ďυ PLIO HOME POLAND Q.S HOUSEWIFE ? FATHER & NAME MARCELLINE 4 MOTHER J MAIDEN NAME 020 듄 SZYNKIEWICZ SOSNOWSKI INFORMANT WAS COUNTY VER IN DIS ARMED FORCES? 16 (DOIA) SECURITY NO Yes, no ar inknawn) [If yes give war ar dates at service] 3411 N ROLLING RD NO NO NESRVAL BETWEEN B CAUSE OF DEATH 'Enter only one couse par line for a ONSET AND DEATH PART DEATH WAS AUSED BY IMMEDIATE CAUSE (b) è DUE TO peubis anditions if any which gave ass a mimed are a iss a) DUF TO stating the underlying duse attending been los: PERFORMED? ò PART II OTHER SIGNIFICAN CONDITIONS CONTRIBUTION TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE ONDITION GIVEN IN PART ICAL YES (NO 70a ACCIDENT WAS UNDERSYING ☐ OR ONIRIBUTING ☐ AUSE OF JEATH 295 DESCRIB! HOW INJURY OCCURRED (Ernar nature of injury in Part of Part III at Item B rhed p of IL COHER NOTIFY MEDICAL MAMINERS 20d INJURY OCH TRRED 20p PLACE OF IN. JRY Home form. 20k T Mt OF NIURY Month Day Year (City or town) County (State) Haur a.m. tectory street of his bidg, etc. While Not White State at work at work (this haspital) attended the deceased from 21 | certify that O KOSPITAL OR ATTENI Page 4 may be retained and that death accurred at/ M from causes and an the date stated above saw the deceased alive an TO FUNERAL DIRECTOR 22a. JIGNAT IRE 97% DATH SIGNED STAFF PHY'S DIRECTOR PHYS 77d 400 RESS 221 PHYSICIAN'S NAME Type BALTO GeN HOSP COLNTY derecto 731 HAME OF TEMETERY OR REMATORY 73a BURIO REMATION 236 DATE THEREOF DIATION Life of Lown. REMOVAL (Specify 250 RF TI BY REGISTRAR 756 REGISTRAR'S SIGNATUR 24 PUNERAL DIRECTOR VR A 5 AIN DASELA 20 M 1766 MD 2/2 91 BALTO



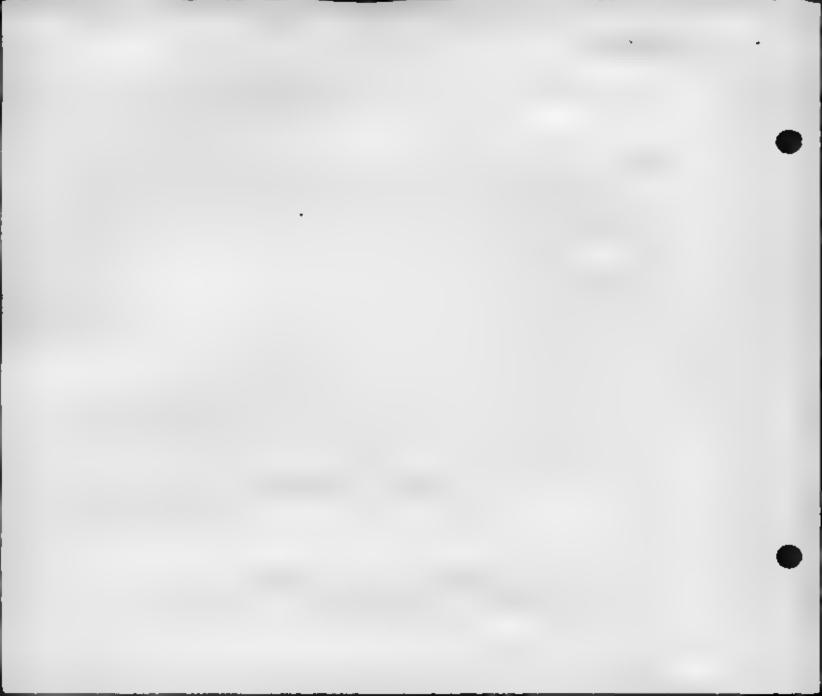
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 2 USUAL RESIDENCE OWhere deceased lived of institution. Residence before against ion PLACE OF DEATH 6. COUNTY MARY AND Balto. Balto. THY OR TOWN hurside largorote limite ENOTH OF STAY IN 15 CITY OR TOWN. If ourside corporate limits, write RERAL and give neare a rown. write RURAL and give mearest favor) TOWSON 2 de d street Appress Baltimore 21234 2 days requires that the death tertificate be executed within 24 has/ Pagpers H p. 70 h BIS RET DENCE ON A ARM? YES [] 8110 Hillendale Rd NO St. "osephs Hospital 3. NAME DE DATE Cicero Doy Maria Angelina DE, LASED Cicero DEATH fruitq to agy OR Angelina haria June Б gi(diulp) SHOEK 24 HRS 5 518 9 AGE in years 6 COLOR OR RACE **VARRIED** B DATE O BIRTH NEVER MARRIED пвчточе tos: birthday Months Don WIDOWHO DIVOR FD 2. CIT ZEN DE WHAT tOa 15 year 10 NPA TON IGIVE kind of work done DE KIND OF BUSINESS OR BIRTHALE Tounty & Stote or foreign bunt v Home pleose il, and ir during may if working the eyen i retired). U.S.A. offending physicion sermid. Then pleose At Italy Housewife 13. FATHER'S NAME IL MOTHER'S MAIDEN MAME emoval Unknown Nunzio Maranto IS WAS DECEASED FYFR IN JULY ARM -D FORCE 2. * INFORMANT b JOSEAL AT JETY NO. Addres: (Yes, no, or unknown). It I yes give was as dates of service 8 Hosp, Rec. Nο ō INTERVAL BETWEEN § CAUSE OF DEATH (Enter only one couse per line to: 10, "b", and to a DNSET AND DEATH DEATH WAS LAUSED BY signed by the buriol frans buriol, crem Acute Myocardial Infarction MMEDIATE CAUSE to by the hospiral or offending physician 4101 DUE TO Conditions if only, which gove rise to immediate ause a DUL 10 stating the underlying couse \$ t. has been prepra lost ij 19 WA. ALTOPSY PERFORMED? PAR. IL OTHER SIGNIFICANT TOAD TIGHS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO. f Heolih NO. farote. 200 ACC DENT WAS INDERLYING TO 20% DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item is OR ONTRIBL'ING | AUST OF DEALH oched to THE JUTHER IN O'THY MEDITIAL EXAMENER 2De PLACE OF INJURY Home Form 204 PASHRY OCCURRED 20x TIM OF INJURY Month Doy Yaor diffe or fewer. Kounlyt Stotes MEDI. de D Hour o.m. Fortory street office bidg etc White Not While White the work of work 9 _67thal 2 I certify that ((this haspital attended the deceased from June 4. June be reformed TAIpten values and on the date stated above and that death accurred at saw the de eased alive an June 6 TO FUNERAL DIRECTOR 220 SIGNALBRE 22b. DATE JIGHED **ATTENDING** 02 116 MY DIR CTOR PHYS. PHYS be filed 22d ADDRESS 22c PHYSICIAN'S MAMS Types Dr. Gracito Patricio St. Josephs Hospital director should b 23d OLA ION ICity or lower 236 BURIAL REMATION. 23b DATE THEREOF 231 NAME OF COMPTERY OR CROMATORY **I**County Stote: REMOVAL Specify! Baltimore, Md. Cathedral Cemetery June 9. Burial 4611 Park Heights Av. Balto 20 FUNERAL DIRECTOR VR A 5 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH USLAL RESIDENCE (Where decessed lived, if Institution: Residence before admission) b. COUNTY a. STATE after MARY, AND c. CTY OR TOWN | foutside corporate limits, write RURAL and give newest town) b. CITY DR TOWN (II outside corporate limits, G LENGTH OF STAY 'N 15 write RURAL and give nearest town) hours 1 7 277 Maltimore d. MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RES'DENCE ON A FARM? NO . law requires that the death certificate be executed within pompletary First Middle DECEASED (Type or print) ACRETA للبورالك CL...K J. DEATH S. COLOR OF RACE 7 MARRIED TO NEVER MARRIED 5. SEX 6. DATE OF BIRTH AGE IN YEARS F MOER I YEAR HE UNDER 24 HRS 99 last birthday), Months Days 6030 Male 1116 WIDDWED D YORGED (yrs 104. USLA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or (oreign country) 12 C TIZEN OF WHAT physician please during most of working life, even it retired NOUSTRY Clerk Varied Baltimore, harvland 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME attending ph ermit, Then геполя or cri signed by the attend burial fransit permit, burial, cremation, or m 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 18 SOCIAL SECURITY NO. 17 (Yes, No. or unknwn) (I yes give war or dates of service) 217-16-0856A its Clark, 107 Saryland 18. CALLSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY MMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Part of Conditions if any, which gave rise to immediate 욕은 DUE TO cause (a), stating the underlying cause ast. certificate has 8 5 FICATION PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MALDISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES | ND ģ 20s ACCIDENT WAS ENDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH AT FEITHER MOT BY MEDICAL EXAMINERS detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18.) CERT CAR 20c. TIME OF INJURY Month, Day, Year 20d NURRY OCCURRED | 20s. PLACE OF INJURY Home, Jarm, 20f (City or town) (County) (State) factory, street, office bldg. etc.) Hour a.m. 댗 While Not white at work After OR ATTENDING I at work FINERAL DIRECTOR: A rector, page 3 should be filed with the 3 21 I certify that (I) (this hospital) attended the deceased from 1 / 19 57, and that death occurred at \$200, from the causes and on the date stated above. saw the deceased alive on June 22a. S'GNATURE 22b. DATE SKINED Page 4 may b M.D. PHYS D RECTOR PHYS. PHYSIC AN'S 22d. ADDRESS director, p NAME (Type) LOCATION (City, town or county) BURIAL CREMATION., 23b. REMOVAL (Specify) LIL June 1367 Mt. Olive Aandal!stown FUNERAL DIRECTOR STE AAT & MOWEN CO., 108 W. North Av., Balto. VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USCAL RESIDENCE (Where deceased inved. if ins fishion Resider a before indiminution) uires that the death certificate be executed within 24 hours after death PLACE OF DEATH BALTO B TOUNTY MARYLAND TENGTH HE STAY IN 15 FITY OR TOWN It got de arporole limits white RURAL and give hearest haven b CITY OR TOWN It outside responses territy with RURA and give reported town) HICS. 40 Mun Randalls town d STREET ADDRESS (\$ RUSIDENC ON If not a hospital give tree! address remove carban papers ON A GRAY COUNTY 3 NAME OF M iddle DECEASED Even! DEATH INDIR 24 HRS 5 TOLOR OR RACE DAIL OF BIRTH 9 AGF Tr year FUNDER NEVER MARRIED * MARRIED igst birthday MIDOWED DIVORGED 7 IT ZEN OF WHAT 10g SuAr Co 1PA*ICH Trive kind or work done ON KINE OF BUSINESS OR RIRAMPLANT Younty & State or foreign rountry. INDUSTRY MARYLAND Clothina 4 MOTHER'S MAINE 3 FOTHER , NAME 17 INFORMANT 5 WAY DEMASED EVER IN U.S. ARMED FOR JEST? 16 OCIAL SECURITY NO Yes, no prunknown IIII yes give wor at dates of service. CAUSE OF DEATH TENTER ONLY ONE COUSE PER THE TOT ID, ID; DICE PART DEATH WAS CAUSED BY MYOCARDIAL INFARCTION IMMEDIATE CAUSE (6) yd bangis DUE TO burio build Conditions, if any, which gove ſΝ nsa to immediate couse o), DUE TO plotting the underlying duse fos: PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEA HIBUI NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ИĊ 205. DESCRIBE HOW INJURY OCCURRED CENTER NOTION OF INJURY IN PORT I OF PORT II OF PROPERTY B. 700 A. IDENT WAS UNDERLYING ... OR ONTRIBLITING CAUSE OF DEATH detached f OF EITHER, MOTHEY MEDILAL KAMINER MEDICAL 20e PLAL, OF INJURY (Home, form ICity or fown (County) 451b1a 20c TIME OF INJURY Month Day Year 20H INDURY OCCURRED foctory street offer bldg etc. Нош олг Not white or work 2 1 certify that 1 (this haspular attended the deceased from 6 - 5 6 7 19 6 7 and that death accurred at 0 20 M. from causes and an the date stated above. sow the deceased alive on_ 6-6 O FUMERA, DIRECTOR 220 SIGNATURE 726 DATE SIGNED PHYS 20. PHYSICIAN'S NAME (Type dire, Ic 23L NAME OF CEMET RY OR CR MATORY 236 DATE THEREOF OLATION (City of Town) 23a RURIAL TRAMABION. REMOVA: (Spendy ARVL1.0 BALTIMORE BNAI ISRAEI REGISTRAR'S SIGNATUR LEVINSON & BROS. INC. , 6010 REIST. , RD. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET BALTIMORE MARYLAND 21201 97703 MEDICAL EXAMINER'S CERTIFICATE OF DEATH D7721 USDAL RESIDENCE de organis san over in the Reider and distribution of STATE. LaJ LAMORE COUNTY h 'v a white opening heats MAK AND TO CR TOWN (If normals operate limits, write RURAL and give nearest rown) JENGTH OF JEAY IN B SPARROWS POINT Baltimore - Dundalk o NAM, NEW YEA, OR IN: IN the Purplic give treat office. Ma ARMS 1938 Eastfield Road 3 NAME OF 4. DATE OF EASED DEATH whe at p COLDIKE HTGIS AC 8 CHARGE WAY P ACH ver nst brithdoy) WIDOWER Male White

To Not 100 JPA ION (Give kind of work done 11 BIRTHPLACE (Stole or foreign lentry 12 If TIZEN OF WHAT Marchant Seaman Bethlehem Steel Co. Holland U. S. A. Examiner 13 FATHER'S NAME M. MOTHER'S MAIDEN NAME Sikke Koldyk Antie Weyer WA DEL ASED EVER IN U.S. ARMED FORCEST

"YES IN U.S. H. WES GIVE WOT OF dollers of services." informant (Wife) Ado Dundalk, Md. ⊆ 14. TOCKIL SECURITY NO Mrs. Katherine Coldike, 1938 Eastfield Rd. 180-12-3686 4 P & RETOTER B. CAUSS UP DEATH the for the muse per lime to the wild ONSET BIKE DEATH PART OFATH WAS LAUSED BY Arteriosclerotic Heart Disease MARE JAIR AUS D DUE TO Conditions if any which gove 5 rise to immediate course of DUE TO stoland the underlying couse 0 AND CHER JUNEPUAN TOP TON WE RETINE TO DECH SET NOT POLATIO. THE SENTER CASE 8 1. D. ENG. ALGERTA No. Depletisk How IN SRY - IRRET has noticed in a Post Police Should PRIMARY [3 or CONTRIBUTING [JALISH OF DEATH also M INJUR Month to Partig 46 Wb of wrote a J I licentify that local thange a the amore self-bad above rend in Autor . 20 Notice causes by Acciden HZm: Id+ DIRECT HIEF NOTE AS XAMPNER BE 22 DATE SIGNED RIGNATURE **EXAMINER'S** Address Street city town or country 23d LOCATION (City of Town; Suffer Haber William P RY R RIMA P 230 BURIAL REMATION. Burial Mark Oak Lawn Cometery Baltimore, Md. 4 INFRA, RETOR SE REUS RAR MAIR 250 RECO BY REGISTRAR VE A MAR SE who was Judge John J. Duda, 7922 Wise Ave. Dundalk, Md. DATE !



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

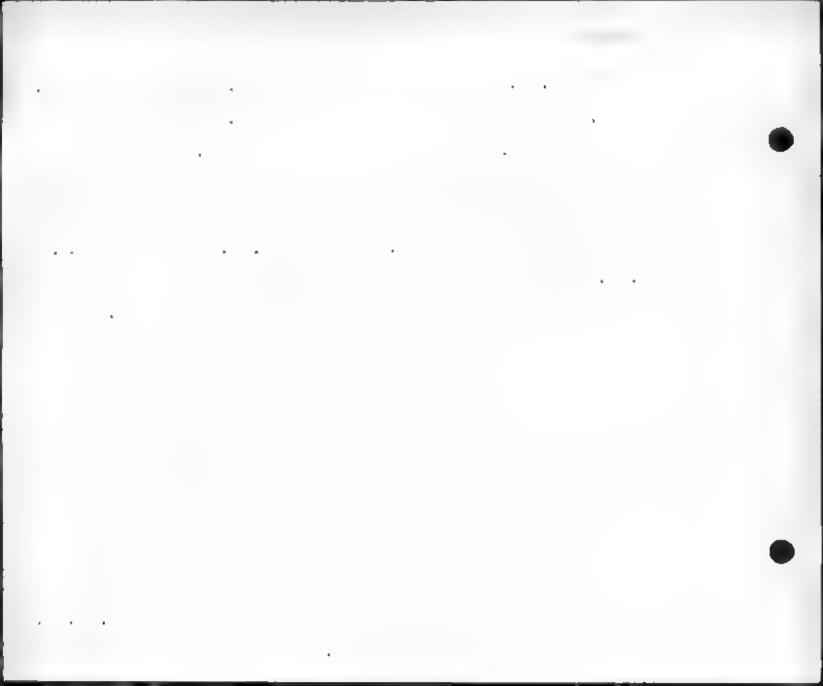
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TO HOSPITAL OR ATTENDING PHYS CIAN. The law requires that the death ce tificate be executed within 24 hours of er death idnagoers Pages amission of the Annual Control of the Annual Contr TO FLNERAL DIRECTOR 4-ter this centificate has been signed by the ottending physician and completely filled in by the tuneral director page 3 should be detached for use as the buriol-transit permit. Then please remove a paramage in Pages and the State Dept. Of they buriol, cremoine or emoval, and nonly eventive that 2 hours after dealised with the State Dept. of they thank a proving buriol, cremoine or emoval, and nonly eventive that 2 hours after dealised. Page 4 may be retained by the hospital or attending physician 754 1 67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120? 97723 CERTIFICATE OF DEATH PLACE OF DEATH 2 JSuAs RESIDENCE Where deceased avaid if institution. Residence belong a COUNTY Balto. Co. o TATE 6 COUNTY Balto. MARYLAND b CITY OF TOWN If outside cosporate timits LINGTH OF SLAY ALLIG CITY OR TOWN "It outside apparate times while RURA, and give nearest times Balt band give nearest town Balto. 7 years d NAME OF HOSPILAL OR INSTITUTION. If not in hospital, give street address d STREET ADDRESS SE STANK ON A FARM? 8335 Liberty Rd. 8335 Liberty Rd. 44 NAME OF Middle 4 DATE Month YPOL DECEASED Shadrack Wesley 67 Type or print DEATH & COLOR OR RACE * MARRIED * DATE OF BIRTH AGI TI YEAR NEVER MARRITO and spentile July 19, 1887 lost/b0/hday Male White MIDOMI D DIVORUED. /Bo ISUA: OS/JPATION (Give kind or work done) DE KIND OF BUSINESS OR 1 BIRTHPLACE (County & State or foreign country CITIZEN DE WHAT Trucking the even fretred U.S.A physicion sen please Emp. Balto. Co. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME H. Cooper 5. Martin 5 WA DIC ASED VIR IN U.S. ARMED FORCES? B SOCAL SEL IRITY NO INFORMANT IY as no combine (If we give wor or dates of service) b Mrs. Alice Leva Cooper Balto. 7. Md. 8 CAUSE OF DEATH (I ite and, one couse per line for framsil 1 ONSET AND DEATH PART DIATH WAS CA SEC BY MMFDIAT CAUSE to Conditions, if only, which gove " riste mmedia a couse a DUI 10 storing the underlying duse PART OTHER SIGNIFICANT CONDITIONS INTERIORING TO DIGITH BUT NOT RELAISED BY THE TERMINAL DISLASS CONDITION SEVEN IN PART O MA & Princip PEK JRMEUN O* Health NF TO DESCRIBE HOW INJURY OCCURRED (Ental notate of injury of Part in Part II of Itam 8 200 a MENT WA GROOM MING ? SPITAL OR ATTENDING PHYSIC OR CONTRIBUTING CECAUSE OF DEATH THE FITHER NOT PY WEEK ALL EXAMINER 毫 20at INDURY OF CIRRED 20e PLATE THIN IRY Home form 21 Table OF INJURY Month Day Year Наст с т torrory treet after bidg atnt work 2 | certify that (this hospital) offended the deleased from tom cat es and on the date stated above and that death accorded at sow the de eased drive on DIRECTOR 22o SIGNA JRI ΜŪ die or page should be filed 22d ADDRESS 20 PHYSICIANS 1403 FOLE 23. NAME OF TEMPTERY OR TREMATORY 23) FIR A REMATION 23h DATH THEREOF Grace Cemetery Barrel to Lostily Upperco Balto. Co. Md. 750 RELD BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Tipton - Eline Funeral Home Hampstead, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 WI PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEP USUAL RESIDENCE (Where deceased tred, If institution; Residence Defere admission) 1 PLACE OF DEATH Maryland b. COUNTY Baltimore Baltimore b. C TY OR TOWN If hurshie corporate Timits write RURAL and give nearest (ewn) c CITY OR TOWN If outside corporate limits, write NJRAL and give nearest town) C. LENCTH OF STAY N 16 to the luner Rural White Hall Rural White Hall d. MAME OF HOSP TAL OR MST TUT ON til not in haspital, give street address) S RES DENCE DN A FARM? d. STREET ADDRESS and 3 to t Openshaw Road NO Fac 3. NAME OF DATE Middle Lock Year DECEASED OF DEATH (Type or print) r NeTr 5. SEX ASE On VARIA FUNDER 1 YEAR DE UNDER 24 HRS DATE OF BIRTH 7 MARR ED TO NEVER MARR ED last birthday Months Days 24 hours after death. Male Dec. 29, 1909 57 yr White M DOMED . DIVORCED 108 USUAL OCCUPATION CIVE kind of work done, 106. KIND OF BUSINESS OR CITIZEN OF WHAT COUNTRY? during most of working Ife, even if retired) INDUSTRY Construction Virginia LSA 13. FATHER'S NAME MOTHER'S MAIDEN NAME hiley Cornett Izora Parks 鲁阳 15. WAS DECEASED EVER NOS ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, 100, or linkewn) a Tres give war or dates of service) .<u>F</u> perm t l cert ficate should be executed within iting the word "pending in pencil ii led to the Chief Medical Examiner's led to the Chief Medical Examiner's Yes 215-16-7469 W.A. Cornett, Jr. Larkton, Maryland 18. CAUSE OF DEATH I Enter on y one cause por line for (a), (b), and (c),] INTERVAL BOTWEEN ONSET AND DEATH DEATH WAS CAUSED BYcremation, or MMEDIATE CAUSE (8) DUE TO Conditions, If eay, which (D) gave rise to immediate DUE TO causa (a), stating the 00 underlying cause fast used a PARTI DIHERS ON F CANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTITO WAS AUTOPSY PERFORMED? YES NO Z Ē. DESCRIBE HOW NURY OCCURRED. Enter nature of Injury in Part I or Part I of Item 18.) 20%. EXTERNAL CAUSE WAS PR MARY TO OF CONTR BUT NO CAUSE OF DEATH. 교물 3 shau CAL 20c. Time of NURY Month Day Year 20d INDERY OCCURRED 200 PLACE OF NURY Home, form, 20f 40 to town) (State) (County) inctory, streat, office bidg., etc.) Horar Jum. HOL WRITE P ECAMINER While at work ____ et work I certify that I fook charge of the remains described above, held an Autopsy rispection 4-4 Inquiry Spicide: Homicide | Undetermined manner Natura causes kind. Accident CHIEF MEDICAL EXAMINER Page ASS STANT MEDICAL EXAMINER 0 DEPUTY MEDICAL EXAMINER please ex director retained t EXAM RER'S AAKT845 FICE Address (Street, 6-by Town, or county). AND NAME OF CEMETERY OR CREMATORY 23d LOCAT ON IC by, hown or county (State) 23a. SUR AL CHEMATION 0 0 REM "VAL (Specialy) Air, Harford Co., Md. 1967 Burial Bel Bel Air Mem. Gardens REGID BY REGISTRAR 25b REC STRAR S S CNATURE 24 - PUMERAL DIRECTOR Stewartstown, Ravel VR ASSME 3500 4-64



THE OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH, USUAL RES DENGE (Where deceased lifted, I institution: Residence before admission) N. GOLN'Y CTTY OR TOWN | Courside corporate imits, write RURAL and give nearest town) MARYLAND b City OR TOWN TO outside corporate smits, will all RAL and give nearest town. C LENGTH OF STAY IN 16 Paltimore MERGYSO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) in d. STREET ADDRESS (JEVIER) 3. NAME OF BATE DECEASED (Type or print) **GEATH** AGE ID years FUNDER I YEAR IF INDER 24 HRS. 6 GOLOR OR RACEY DATE OF BIRTH 7 MARR ED NEVER MARRIED last buthday) | Months Days and (Negro 1900 WKDOWED F D VORCED [10a. USUAL OCCUPATION Give kind of work done. B'RTHPLACE (County & State, et fereign country) , 12 G TIZEN OF WHAT prease during most of working life even if fethed or the attending physic or Dermil Then pied emation, of removal, an Laborer-Janitor Govt. MOTHER'S MA DEN NAME J. FATHER'S NAME Jane S WAS DECEASED EVER NU S ARMED FORCES 18 SOGIAL SECURITYNO. 1 INFORMANT Yes, no, or unknown) Types give was or dates of service) No 18. CAUSE OF DEATH (Entor only one cause per ine for all (b), and (c) Mana Suem PART I DEATH WAS CAUSED BY ng physician, MMEDIATE GAUSE (a) Srgfied in a state of the state Genditions if any which teen so gave rise to immediate DLE TO cause (a), stating the has b as th underlying cause ast (C) PART I OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, MAL DISEASE CONDITION OF VEW IN PART LIB cale h 書るま 20% ADC DENT WAS UNDERLYING TO LON R BUT NG TAUSE OF DEATH FEITHER NOT BY MEDICAL EXAMINER 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part II of Item 18.) test hed t hosp 1 20g. NJURY OCCURRED 20e PLACE OF NJURY (Home, Farm, 2DL (Grey or town) 20c T ME OF IN JRY Month, Day Year factory street officebilds etc. After id be Not White B work at work -. lo I certify that (I) (this hospital) attended the deceased from. etaine DIRECTOR-828 3 should need with the 19 19 ... and that death occurred at 5 M. from the Gauses and on the date stated above. saw the deceased or ve on 22a. SIGNATURE d ector, page 3 ATTEND NG M.D. PHYS DIRECTOR HOSPITAL 220. PHYSIGIAN S 22d ADDRESS NAME (Type) Page 4 238 RUL OL GREMAT ON, 236 DATÉ THEREOF 23c NAME OF GEMETERY OR CREMATORY 23d. LOGATION rolly town or county). Par 181 Calvary Aberdeen Cem. ELINERAL DI RECTOR Aberdeen.

MARYLAND STATE DEPARTMENT OF HEALTH

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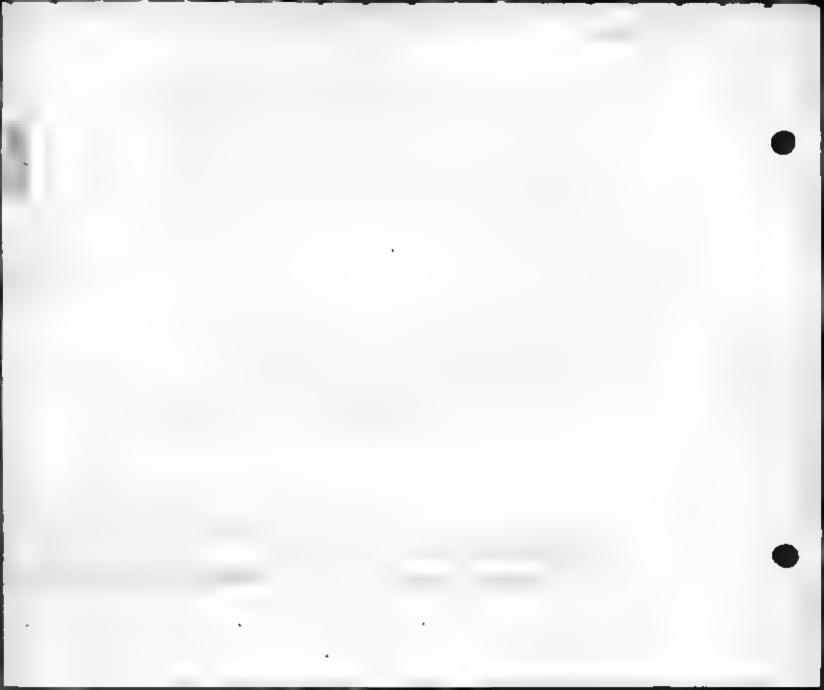
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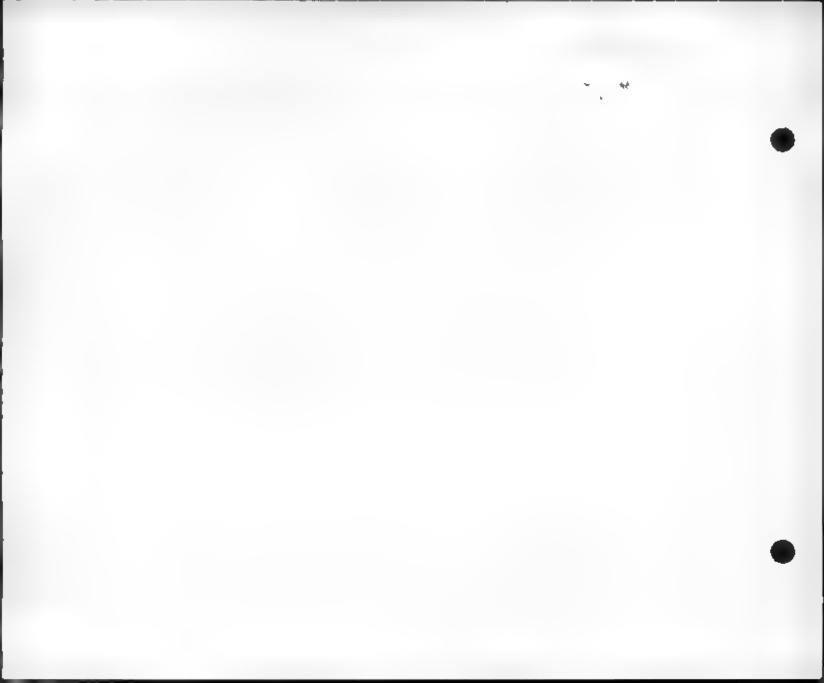
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24 FUNERA, DERECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH USUAL RESIDENCE (Whem deceased lived of institution Re-delice hetgre admission PLACE OF DEATH e county b QUNTY Baltimore Baltimore Maryland MARYLAND 5 FIFT OR TOWN 18 - itside coprints miles. FRIGIBLO E STAY IN B. . TTY OR TOWN It outside rargamete limits write RURAL and give neptect town write RURAL and give negress fown) Lansdowne d NAME OF 10 SPITAL OR MS TUTION In not in hospital, give street address d STREET ADDRESS. paper hin 72 ON 4 FARM 2417 Hammonds Ferry Road 2417 Hammonds Ferry Road MAME OF Middle First Lost d DATE DECEASED CRAIG MILDRED67 June DEATH UNDER THERE 6 OLDR OF RAL EL DATE OF BIRTH 7 MARRIED [25] KEVER MARRIED T AGI in years remove iost Firthdov Months White Female. 4-15-1907 diny WIDOWED DIVORCED 70 4 iðu i viði i x Pátlók (Bine sind er workdone DE KIND OF BUSINESS OR BIRTHPLAN counts & Store or foreign (duntry). 2. DIT 21'S OF WHAT during mos appropriagable, avand rehred) INDUSTRY. U.S.A. Maryland 3 FATHER'S NAME 4 MOTHER MOTDEN NAME Б. Alexander Macajah Francis Annie L. Grammer 30 S WAS DEFFASED EVER IN . ARMED FORCEST 6 SOCIAL SECURITY ND T INFORMANT Nes no or unknown: Ill yas give wor of dates of lensee Mr. James F. Craig, 2417 Hammonds Ferry Rd. IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and c).) INTERVAL BETWEEN PART DEA H WAS CAUSED BY ONSET AND DEA H IMMEDIATE LAUSE OF á DUE TO pg. DU-740 andrians done which gave in nse la inimiedia e lau e las DUF TO action the inderlying rouse. PART II OTH R JUNIFICAN ONDITIONS ON RIPUTING O DEATH BUT NO RE-ATED TO THE REMINAL DISLAM COND. HON SINEN IN PART HO AND DESCRIBE HOW IN LIRY OFCURRED (Enter nature of mount in Port of Port II at tens B 200 AT TOPAT WAS INDERLYING FIT OR CONTRIBUTING DILAUSE OF DEATH I'V EITHER NOTIFY MEDICAL EXAMINERS 20 WE SHINDS RY Month Day Year 20d NURY OF IRREC 10e PLACE OF INJURY Home form Killy or rowa Store Hour ours. lockery street, office bidg. etc., of work L gr work 21 I certify that to this haspital attended the deceased from 1 101 F we last M from cause, and an the date stated above saw the deleased a ive an and that death accurred of ... 25 DA SIGNED WED BURS TOR 22d ADDRESS FUNERAL Dr. Albert Montague Medical Arts Bldg., Cathedral & Read 235 DATE THEREOF TO 23: NAME OF EMPTERY OR TR MATORY Jan Challon Pity & fown Zio BIRIA: REMA ON Meadowridge Cemetery Howard County, Maryland 6-10-1967 0 /Sh REGITRAR BUNALUR ADDR655 AL FUNERAL DIRECTOR Howard H. Bubbard, 4107 Wilkens Avenue 21229



MARYLAND STATE DEPARTMENT OF HEALTH DIVIS ON OF Y TAL RECORDS, 301 W PRESTON STREET BALT MORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH . USUAL RESIDENCE Where common were it PLACE OF DEATH u lh Y BALTIMORE Maryland Poga ö made im rate limits, write RURA; and give negretal rown) NOT YELL TO WA LENGTH OF STAY IN ... or open arts PM3 world RURAL and give nearest town, Halethorpe 1
d NAME OF HOSPITAL OR HISTORY ON 15 not is hospital, give street address) Baltimore d STRET ADDRESS 1826 E. Chase Street Halethorpe Farms Road 4 DATE Pronounced a NAME OF DECEASED ANTHONY June DEATH JNDER Y AR 9 &G: wage. 5 TRADE R RAV MARRIS NEVER MARKED asy birty dr Month. Do. Male WIDOWED Negro IDo USUAL OCCUPATION (Give kind of work done OF KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 2 CITIZEN DE WHAT during most of working life even if refred) ANDUSTRY. OUNTRY 2 Baltimore, Md. J FATHER'S HAME hours Exom JAMES ROTHIB YOUNG 40dir 2434 WAS ASS VICINIA ASSAULT RE To SOLIAL SECURITY NO (Yes, no or witknown). [If yes give wor or dotes of service) Within 8. CAUSE OF DEATH is returnly the buse per me for a bound OWSET AND DEATH PART DEATH WAS CAUSED BY event Drowning IMMEDIATE CAUSE (6) P DUE TO bursi r ony Conditions if one which gove 1 93 le nedi e uple of Ē DUF TO 0 at g he ar enging le ä 250 THE CHIEFLAN INDITIONS IN RIE INC. C. AMERICAN, C. M. RVINA ASA ONE OF ASIA ARE O MA IRV removal, VE X NO T RAZ A AV AND GRARISE NEWS ARE LIKE A DRIVE IN DEED TO DEED IT DEED A PART OF THE PART O should PRIMARY ZE of CONTRIBUTIONS [2] 8 Went swimming, went under and did not surface (remation, 7 Pond While Work While Halethorpe Baltimore rack charge or the religion described allower held a "Autory ty" 💢 21 cert fy the miget in Angul V . . and a my applican DIRECTOR death resulted from Notural cause Acrident X Hazza ade a and a mined counter -unide 22 DATE SIGNED ASSISTANT MEMILAL YORKSEY X SIGNATURE FRAL à DEPLITY MEDICAL EXAMINER **EXAMINER'S** June 22, 1967 Charles S. Springate, M.D. FON S MAME ype Address three sty rows or your year 23d. OCATION (City or Town) 230 BURIAL REMATION. "4. FUNERAL DIRECTOR YR A SME SH 68h 87



TO HOSPITAL OR ATYEND NG PHYSIC.AN. The faw requires that the death certificate he executed within 24 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201

CERTIFICATE OF DEATH

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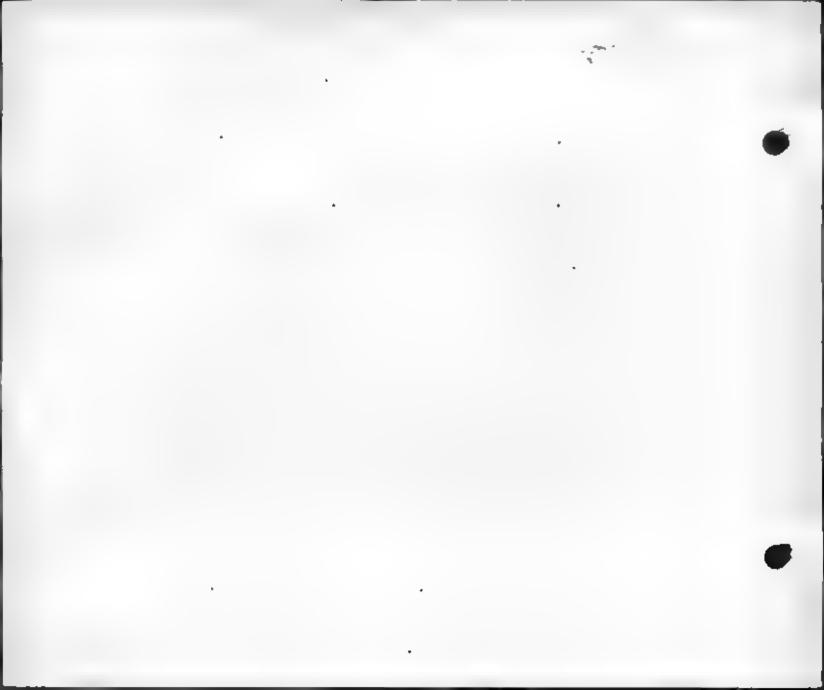
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



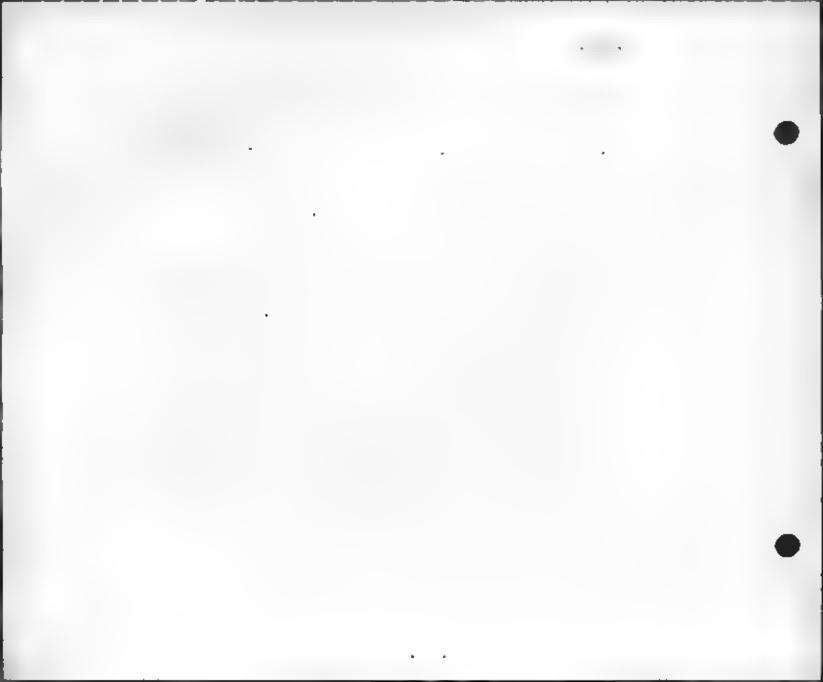
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97730 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution. Residence before admission. · JATI Jan Lana p. 10U41Y Bultumore b COUNTY mito. MARY AND of fe b CITY OR TOWN It outside rapporate limits C. ENGTH OF STAY IN 35 TRY DR TOWN (It not lide comparate limits, write RURAL and give searest lawns) write RURM-and give nearest town) hours Timonium l imanium d JIRL T ADDRE IS RESIDENCE ON A FARM? d MANU OF HOSPITAL DR INSTITUTION (If not in hospital, give threet address) DOGGETS Within 72 2016 York 10 rk Kord wad NO A NAME DE Middle DATE orbon 80 Month Doy Year comprehely DECEASED OF june 57 nxutrer Samuel ligger of print's DEATH one eyen? law requires that the death certificate be executed 5 512 9 AGE in year IF JNDIR YEAR 6 COLOR OR RACE B DATE OF BIRTH IF UNDER 24 HRS алоцие 7 MARRIED NEVER MARRIED (vebelinday) white l'inte MINDOWIN DIVORUID. 등 IDo KUA, OHUPATION (Give kind at work done 12 CIT 7EN OF WHAT ID6 KIND OF BUSINESS OR BIRTHPLACE (Lounty & State or foreign country STUMBERS during most at warking the even it retired Land Land Real astate please physicion 96 an Jand 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Many Callins amuel 5 WAS DISHASED WER IN . . ARMED FOR TH IMFORMANT Address IS ROCIAL SECURITY NO (Yes no or unknown) [If yes give wor or dates of service ō INTERVAL BUTWEEN 18 CAUSE OF DEATH literal only one couse per line for oil cramol PART - DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (b) à DUE TO signed ! burion 9 Conditions, if ony, which gove-(b) rise to mmediate ause (o. DUE TO stofing the underlying couse has been PAR III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIAIN BUT NOT RELATED TO THE TERMINAL ASKA. CONDITION GAVEN IN PART IND WAS AUTOPS! PER CRANDS a COMPLETE BLOCK HEART NO. OR ATTENDING PHYS CIAN 20% AC DENC WAS INDERLYING a 205 DESCRIBE HOW INJURY OF MRKE "Enter notice or injury in Part of Part is placed to OR CONTRIBUTING CAUSE OF DEATH IF 13H-R NOTIFY NODE, ALL XAMENER delached ą 204 INJURY CYTHREE 7De Plas DE NI IRY Home one 701 Turky or rown 20x FIME OF INJURY Month Tox Year purriy 'State' Haur om White Not White at work focioly street office-bidg en-Affler e m this haspital) atlanded the deleased from O certify hel be retained and I not death at a saw the deceased prive on am auses and an the date stuted above DIRECTOR 226 TIC WAT JRE ATTENDING Poge 4 may 5 22d APOSES 22c PHYSICIAN'S FJNERAL NAME YDE director should b 236 DATE THEREOF NAME OF THEFTERY OR CREMATORS 230 BURLA 'R MATION 23d OLA ION 1 My n. OWI Tourty State REMOVAL/Specify nrelana emorial 2 1 ans I GARVLY 3114.01 24. FUNERA DIRECTOR 250 REF'D BY REGIS RAR 25b RE- ISTRAR'S SIGNATURE VR A15 40 DATE JUN 1 2 1967 25M whn surns ML 21204 Jons owson.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH furera and 2 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, of institution, Residence before admission PLACE OF BEATH COUNTY B. COUNTY Maryland Baltimore Baltimore MARY AND Try OR "OWN If for the diporting limits, C ENGTH OF JAY IN 16 11Y OR TOWN (If outside corporate limits, write RURA), and give necrest town, write RURAL and give neguest form)
ESSEX (21) Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (N mos in hospital, give street address) d street ADDRESS papers 1700 Middleborough Rd. 1700 Middleborough Rd. YES [] 40 DE Month 3 NAME OF Middle 4 BATE Ĩ PECEASED (vipe or ne) 8 June 21, 1967 ESTELLA DeBAUFRE DEATH Ş I IF UNDER THE HRS 9 46 h years IF UNDER A YEAR 6 GLOR OR RACE 7 MARRIED NEVER MARKIED B DATE OF BIRTH 76 as birthday OVE Β¥ Dows Dec. 21, 1890 White Female WIDOWED DIVORCED 105 Silvar B SPATION Tive kind it work dime TOB KIND OF BUSINESS OR B'RTHPLACE (Founty & prote or foreign country) 2 CITIZEN OF WHAT during me or a moing de even if retired. **Housewife** N' WITHY Home Baltimore. Md. physic 4. MOTHER'S MAIDEN NAME 3 FATHER , NAME MONDA Elizabeth Cliaton Daniel Geotz WA OF ASEC PER IN ARMEL OR 152 16 ADEAL SET RITY NO 7 INFORMANT Address (Yes, no in unknown [iff yet give war or dates of service) Henry DeBaufre 236 05 8450 Same No INTERVAL BETWEEN B CAUSE OF DEATH (Fine) only the course per lime for joy, 46 and ic ONS) AND DEA H PART I DEATH WAS AUSED BY IMMEDIATE JALISE (O 百百 рацбік buria. oridations if only which gove nsa to immediate couse of DUE 10 storing the underlying codes last. WA & OPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART MOD CERTIFICATION. No. 205. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part of Part II of Irem | B 200 ACCIDENT WAS UNDERLYING [OR ONTRIBUTING ... AUSF OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDILAL 20d INTURY OF JRRED 20s PLACE DE NULRY (Home, form (filty or fown) County [Store] 20c TIME OF INJURY Month Day Year factory, street, office bidg, etc., Hour o.m. Not While OR ATTENDO at work of work 1956 to 21 | certify that |) (this haspita i attended the deceased from Morsh Mary M. 1967 That (I) twet lost be retorned saw the deceased give an June 21 1967, and that death accurred al/OPM. from causes and an the date stated above TO FUNERAL DIRECTOR 220 SIGNATURE 226 DAW JGNED M.D DIRFLIOR 22d ADDRESS Louis Semenoff. 2108 Orems Rd. Baltimore, Md. 2120 NAMI ype d rector should b 23: NAME OF TEMETERY OR REMATORY 23d OCATION (City of Town) 23o RIIRIA: REMATION 236 DATE THEREOF di.ounty) Diote. Gardens of Faith Cemetery Baltimore Co., Md. Ò ~ ADDRESS 25b REGISTRAR'S SIGNATURE 250 REC'D BY RUGISTKAR

Funeral Home 1+07 Eastern Ave.

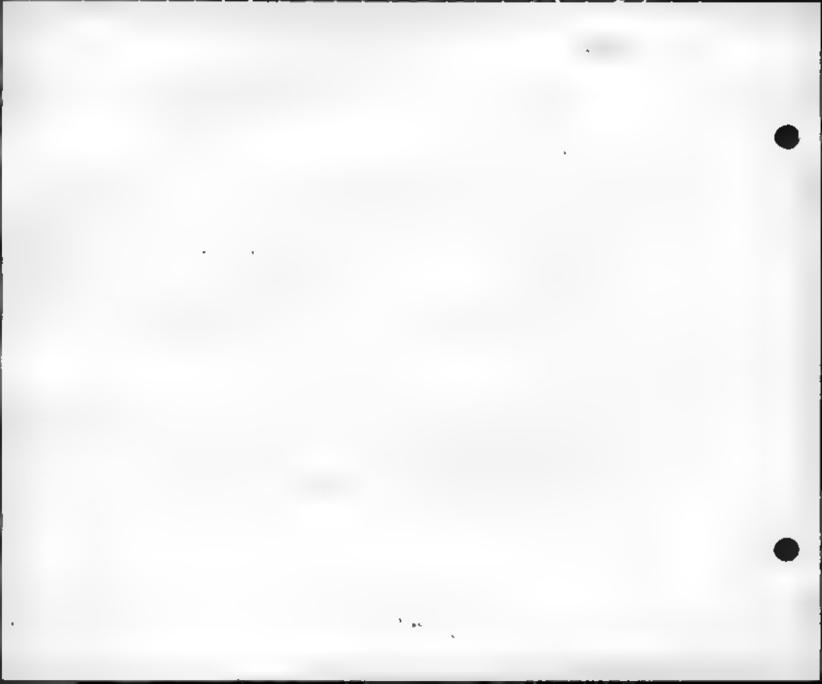
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 27201 07734 CERTIFICATE OF DEATH 2 USUAL RESIDENCE. Where deceased lived if institution. Residence before admission PLACE DE DEATH o DUNTY h TÖUNTY MARYANG CITY OR TOWN IN outside largarate limits ENGTH OF CLAY IN TO CITY OR TOWN "If pursupervious timits, write RURA; and give recrest lown write RuRAL and gige treeds: Town Nur Ir d NAME OF HOSPITAL OR NOTIF "10M IT not in hospital give street address) e IS RESIDENCE d SIRL T ADDRESS ON A APM? Balto. Co. Gen. Hospital YES NO T Middle 3 NAME OF DATE Month DECEASED Ype " pont DEATH IF THOER & YLAR IF JINDER 24 HRS ŒX. 6 OLDR OR RACE 7 MARRIED & DATH OF BIRTH 9 AGE 'In years NEVIR MARRIED in a litthday DEMONRAÇÃO. Tho is tall of the TON! Give kind of work done 106 KIND OF BUSINES OR TITEM TO WHAT U.S.A. Salesman ND JIRY Balto. Co.. IA MOTHER'S MAIDEN NAME J. FATHER'S NAME Henry Deitz Annie Penn IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 25 Sheraton Road Yes no it inkingwin. (If we give wor in dotes of vervice) Mr. Ralph Deitz по Randallatown, Md 21133 INTER VA. PETWEEN 8 CALLSE OF DEATH lenter only one arise get line for joy, by and is DNSET AND DEATH PART I DEATH WAS LAUSED BY IMMEDIATE CAUSE for DUE TO Conditions I any which gave (6) rise to immediate couse (a). DUE TO stating the underlying cours 4ost 9 Was a Proper PART II "THER SIGNIFICANT" DINORIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO PERFORMEDA artereseleroses 40 F 20s ACHDENT WAS UNDER YING DE 205 DESCRIBE HOW INJURY DOCURRED TEnter notions of unjury in Port of Port II of Herr 8. OR CONTRIBUTING TAUSE OF DEATH (IF EITHER NOTHY MEDICAL FXAMINER) 20H INJURY OCCURRED 20s PLACE DE INJURY 'Home form (City or town Rounko IShorte. 20c TIME OF INJURY Month One Year Hour our. foctory, street, office bldg., etc., While Hat While of work 1967 to Surve 2 (certify that ATV(this haspital) attended the deceased from huc 6 and that death accurred at 1010 AM from causes and an the date stated above. saw the deceased alive on 776 DATE JIGNED 22n SIGNATURE 22d AODRESS 22. PHYSICIANS NAME Type

Balto Co. Md.

8 Femorye. AUD pug please physician Ė offendir àq ď the hospital this cert his detached to e Dept at i be retained FUNERAL DIRECTOR 2 director bloode 2% NAME OF CEMITERY OR CREMATORY 230. BIR'S PENATION 23rd OCATION City of Towns THE PARTY OF THE Mt. Olive Randallstown 2 FUNDRAL DIRECTOR 256 REC'D BY REGISTRAR 256 REGISTRARY STGNATURE 20 M. 1/66



MARYLAND STATE DEPARTMENT OF REALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07735 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dereased lived if institution. Residence before admission PLACE OF DEATH b. COUNTY a. COUNTY Raltimore Baltimore MARYLAND E 177 OR TOWN If ourside maisture mits ENGIR OF STAY IN b TY OR TOWN If authode tolografe limits write RURA, and give nearest town Catonsville Essex (21) e IS RESIDENCE d NAME DE HOSPOA: DR INSTITUTION THINAT IN hospital, give kneet address. H. STR ET ADORESS ON A ARM? Forest Haven Nursing Home 328 George Ave. YES ___ NO 🗶 Middle 3. NAME OF 4 DATE Month DECEASED ROBERT L. DENNIS DEATH June Type up plint) P AGE " years af JINDER YEAR IF INDER 24 HIRS 6 GLOR OR RACE MARRIED NEVER MAKRIED 8 DAIR OF BIRTH ign birthday DIVORCED. M1DQMED F Male White 2 CIT ZEN DE WHAT Go. Supr. RAJPATION Give kind or work done COS KAND THE BUSINESS OR BIRTHPLAN, ALCOUNTY & State or Foreign roundity during must or warking life even it retined? NUMBER QUNITRY 1 Farmer Farming Mississippi - FATHER', NAME 4 MOTHER'S MAIDEN NOME Smith: Greene Dennis 17 (MEGRALANT IS. WAS DECEASED EVER IN C. ARMED FORCLS? 16. SOCIAL SECURITY NO. Address Tes no at inknown. (If ye give you at dates at service william Dennis NIFRYAL BETWEEN CAUSE OF DEATH (Finish unity and course par line for (a), (b), and ... CHSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE to DUE TO anditions only which gove nta to immediate duse an DUE TO stating he underlying course WAL AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO CERTIFICATION PERFORMED? NO. 200 AL IDENT WAS INDERLYING .] 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of muny in Part or Part II of Nem 8 OR CONFRIBUTING (CAUSE OF DEATH (OF EITHER MOTIFY MEDICAL EXAMINER) WEDSTAN 20e PLACE OF NSURY (Home form. 20r TIME OF INJURY Month Day Year 20d INJURY OF IRRED (City or town (County) ahote Hour our While to Not While of work factory, street, allice bidg., etc.) 19 ... That (I) twee lost In-s-hospital) altended the deceased from 2 | certify that 19 and that death accurred at 4 1/2 M. from causes and on the date stated above saw the deceased alive on. 22b DATH MONED 22o SIGNAJJRE M.D. DIRECTOR 22d ADDRESS 22L PHYSK JAH'S NAME (Type 5800 Edmondson Ave. John Shaw. M.D. 236 DATE THEREOF 23d. LUCATION (City or Town) 730 BURIAL REMATION. 23c NAME OF CEMETERY OR CREMATORY (Stote) Remoral I Mississippi June 14, 1967 Thompson Funeral Home Laurel.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07736 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived it involution. Residence below admission P. COLINA MY CALCON ESTA o. COUNTY Rultimore County MARYLAND Y OR 1WN If golude comparate limits INSTRUCE TAY IN TH CITY OR TOWN (If autside corporate wrists, write RURA), and give necess town. write R: RAI and give hearest lown 1, 14/10 SPAZZAL Mount Wilson IS RESIDENCE d STR T ADDRESS d NAM OF HOSPITAL OR INSTITUTION. If not in haspital, give street address; ON A HARM? 3, 53 LENDY Mount Wilson State Hospital NI^o 3 NAME OF 4 DATE Lusy DECEASED EDW. N 严 ぶみんたん ん CA Trop at grint 196 DEATH 6 COLOR DE RACE 9 DATE OF BIRTH in pears IF UNDER YEAR IF I NOTER 24 HRS 7 MARRIED TH. NEVER MARRIED ins birthdox Months Doys WIDOWED. DIVORTED Eq. JSUAL Of IPATION Give kind of work done Ob KIND OF PUSINESS OR 2 C TIZEN OF WHAT BIRTHPLACE !County & State o lighted coultry OUN'RY? during in a working life even it retigiely INDUSTRY Pennsylvania . . 2 AL EUCRHMEG! 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME APOLLS DICK SYRAH SENCEF WAS DEC ASED PUFR IN S ARMED ORGES IN SOCIAL SECURITY NO INCONFEDERALITY 3953 Wendy Lane Yes, no ocupanowe; Ill yes give was or dates of service) Records, Mount Wilson State Hospital 577-50-7577 MAR AND CAR THEREMON -1 - 5.25 Buth IMMEDIATE CAUSE of DUL TO かんし ペパ すくもいだららら DUE TO ILMIGARY TURES 4. VI WAS ALTOPSY PERFORMED? NO.

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART DEATH WAS AUSED BY Conditions if any which gave sisa o mmediate ause o. doting the inderlying couse. PART ... OTHER JIGNIFICANT CONDITIONS CONTRIBUTING TO DIGATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ... 20c AF IDENT WAS UNDER YING □ 205 DESCRIBE HOW INJURY OCCURRED there noture of involving Port I or Part II of from 8 OR CONTRIBUTING TO CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER 20e PLACE OF NAURY (Horse form 20c TIME OF INSURY Month Day Year 204 INJURY OCCUPRED (City or Inwn) dipunty. Haur o.m. (octory, street, office bidg., etc.) While: Not While

21 | certify that (1) (this hosp tal) attended the deceased from ZZo. SIGNATURE

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23d. ADDRESS

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M.D. PHYS

DIRECTOR

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9 7 and that death accurred at 47 M tram causes and an the date stated above 226 DAJE SIGNED

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256 REGISTRAR'S SIGNATURE Charles Judal



TO FUNERAL DIRECTOR After May be taken to be as the burns attending physician and Laphbetery Afted in by the anergy direction page 3 should be detached to use as the burns attending. Then please tempore that pages and 2 should be filled with the state Depth of Mediting to burns attended to remove and in any after within 72 hours after deathful be filled with the state Depth of Mediting after deathful and removed, and in any after within 72 hours after deathful burns. TO HOSPITAL OR ATTENDING PHYSICIAN. The iow requires that the death certificate be executed within 24 hours after death

Page 4 may be stained by the haspita or offending physician.

VR A15 4₁ 25M 67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

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St. Josep	hs Hospital		Bird River	r & Vincent	Rds.	ON A FARMS
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i	Joseph P. Diepoid	Sr.	业 .	rgaret Ensor		
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22a SIGNAT IRE	Jan S. Co	2072 h ? MO		MED A PHYS	June	# 28, 1967
NAME Abe	Efraim Reye	e, M.D.	7640 York	k ƙoad Palti	more <120	14, Md.
730 SURIA REMATION REMOVAL PROFY.	73t DATE THEREOF	s Name of Empley or o		ar of a mily o		unity State
24 FUNERAL DIR ETCR	1, 4, 4,07	ADDRESS			REGISTRAR'S SIGN	Arath
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OF DEATH USUAL RESIDENCE (Where deceased lived, If natitudion: Residence before admission) a. STATE b. COUNTY STUTIMERC c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) B. TS RES DENCE ON A FARM? YES 1 DF DEATH 196 DATE OF B RTH AGE 'n years FUNDER 1 YEAR JIF JAMER 24 HRS. est burthday) Months Dava Motors y Mun. 11 BIRTHPLACE (County & State, or foreign country) 12. C TIZEN OF WHAT U5A 6/1/20 MOTHER'S MA DEN NAME E6120 INFORMANT ARTELL INTERVAL BETWEEN WAS AUTOPSY PERFORMED? No K YES DESCRIBE HOW INJURY OCCURRED CEnter nature of Injury in Peri 1 or Part 1 of Item 18. (State) 20f (City or Lown) (County) factory, street officebidg., etc. and that death occurred a M.M. , from the causes and on the date stated above. DIRECTOR 22d. ADDRESS LOCATION (City, town or county) (State

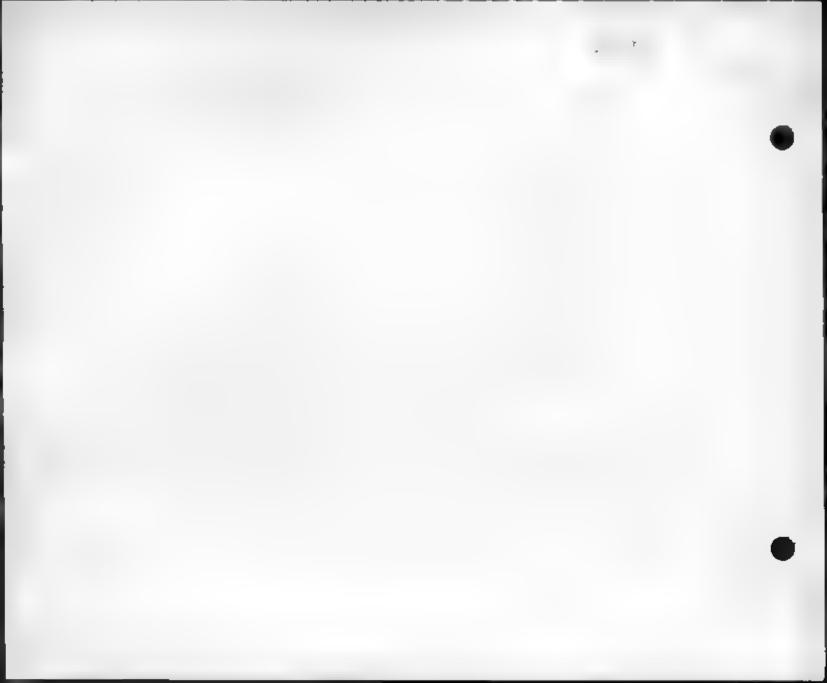
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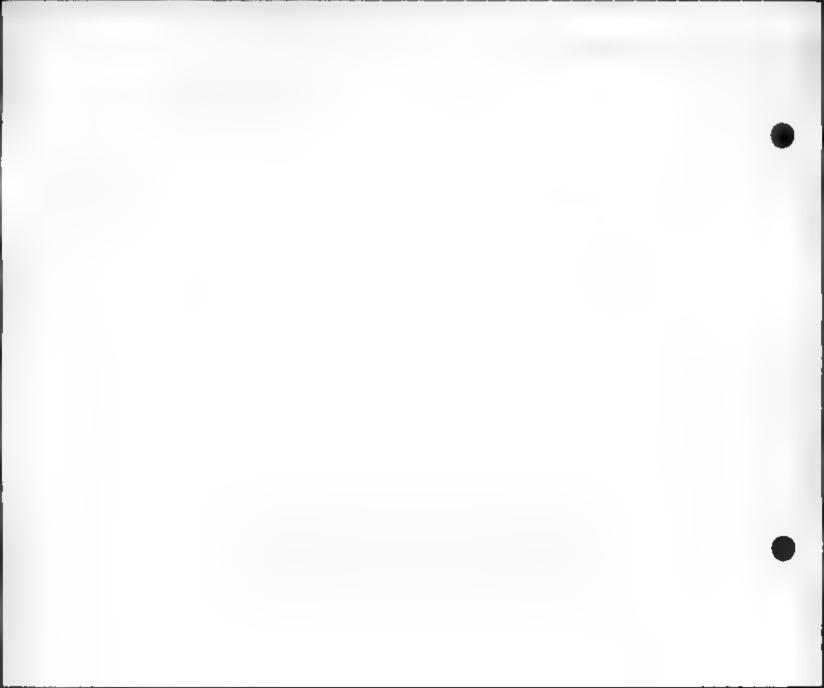
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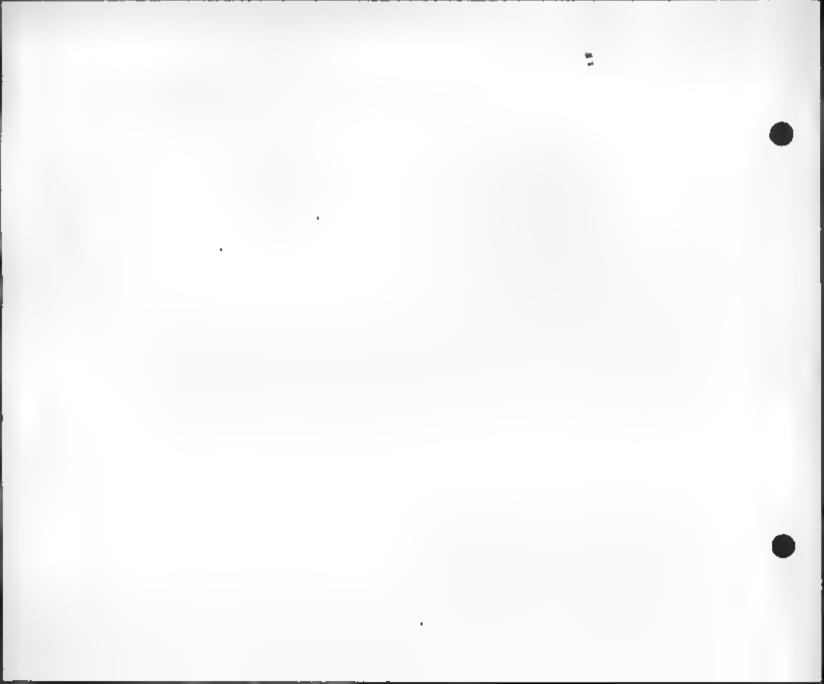


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 4 MACE DE DEATH 2 USUAL RESIDENCE (Where deceased lived if it it Revidence pergra admission) discharge and a second 6 OUNTY 3 % Poge BOWNE WAY Product typing to BALTO MARYLAND ENGTH OF CTAY IN IN E 17 OR TOWN If autiside largestate timets, were RURAL and once negress rawn. 2 and P write RURAL and give negrest favors) M. DOLF BC REH MIDDLE BOURGH RESIDENCE is NAMI OF HID PITAL OR HIST TON It not in hospital give treet address. THE FARM Give Poges I YE NO ZE Titto Aces ZCIG TRED AVEN with t NAME OF Ahiddle T 4 DATE Menth Day BELFASED DEATH EDWARD. 5 ELDER JUNE Type South 12 . UNDER YEAR 6 COLDR OR RACH 1-1 8 DAT OF BIRTH 9 44 920 THE INDER ON HE 7 MARRIED NEVER MARRIE! ast inflides Misate Days Mem 18 W*BaWED DIVORGED A. 6 13 1962 Office. a Bikimpias Mate a nego analiy ** *FE I WHA! a Pilipi in Palitick at extend at whick dominate 36 KINT OF BUSINE OR during last at warning life even it et red; A HERY hours ofter MO. USA 3 FA HER'S WAME MOTHER'S MAIDEN NAME F DILARD S. ELOER 5 R ALICE WA & WRIF ARMIE OR 2 6 VOCIAL SHOURITY NO T INFORMANT Addre 2 Yes in in the new little yes give worm digital of lety se within pending EDWARD FLOER If CAUSE OF DEATH it fell in the plant life for it is and event y INSTANCES. Chie. PAR' > THATH WA IN IS DY · Real No IMMMEDIATE CAUSE to. the word DUE TO the OU. Conditions of any, which goes 3 ne menedina o e ob Ξ DUE 10 stating the underlying rouse 9 WAS 6/TOPSY PART II. OTHER SIGNIFICAN CONDITIONS CONTRIAL TIME TO DEATH BUT HOT REATH DOT TO THE TERMINAL DISCUSS CONDITION GIVEN BY PART 150 PERFOR WED? 1 W 2 Na INTRODUCTING a N RY World Dg. Year . I certify that I now houge of the remains described of two held in A Tuping ... peta Li FUNERAL D.RECTOR death resultes from Acride . J.F Sciode . Notoror deses in ide , y in tae'r milied mur ne ре гетоное HIE MEDICAL KAMPREK ACTUA. AN MEDICAL XAMENGE SIGNA: JRE the troop EXAMINER'S Heg th THOY OF TEMPTERS OF TRIVIAL OFF 11. Bikn RIMA ON. 236 DATE THERE OF 100 REMOVAL Specify BAR RADL SACRID 24 FUNERAL DIRECTOR ZYM KEC BY'K TRAN 300 MACE BATT JUN 16 A SME (\$ JG. CONNE SONS



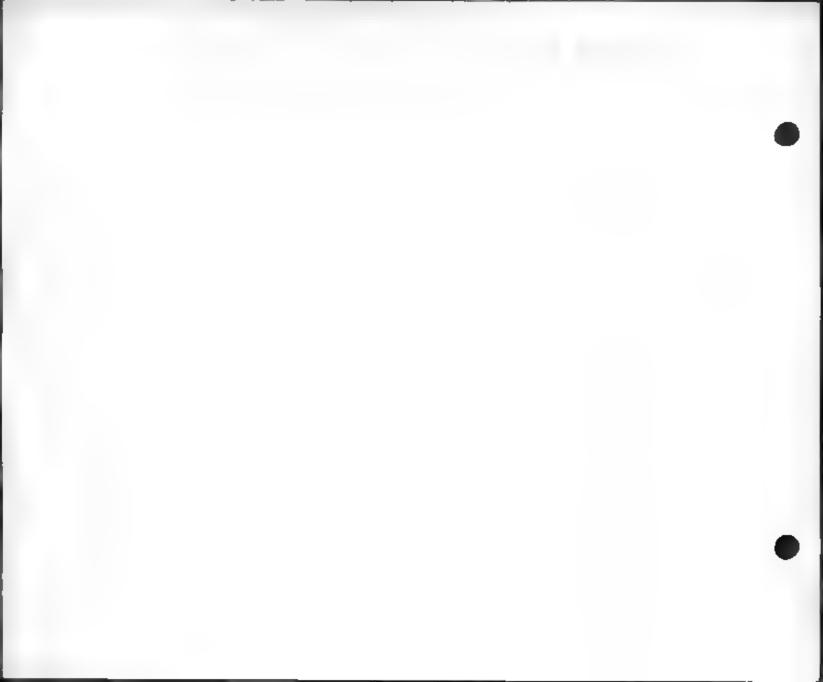
DIVISION OF VITAL RECORDS, 30 W PRESTON STREET BALTIMORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEEP PLACE OF DEATH USUA: RESIDENCE Were derested here in the Re or het e die on BALTIMORE Fig. Maryland BALTIMORE g TT ik iwo in ade in one or NOTE OF AVAILE w were and it of the Astron. Reisterstown Reisterstown H WANT IN HOUSE BY THE TANK TO HE WE WAS view indicas-4 TRP ADDRES Rt. #3 Mt. Gilead Road Rt. #3 Mt. Gilead Road NAME OF Midde-DEL, ASED MARY ELLEN ELSEROADS June ONEIDA Q a it it yes 6 HOR OR RACE B. DATE OF BRITE MARKED . MEYER MARKIND FR wisk n [Dec. 5, 1909 Female White WIDOWED a load of the tipe welk of all work dine. at it WHA! NDU TRY T.S.A. Carroll Co. O TA HER NAME 4 ME HER WARE NAME Ida Raver Samuell Elseroad THAT IS TO NOT TO INFORMANT Mt Add Gilead Rd. AND ARE ARE DRIVET FOR 1.2 inknown it is we work affect of lervice) 2/2-40-6882 Miss Jennie Elseroad Reisterstown, Md. N 0 F 701 R CAUSE O DEATH HE may the pure per the "Thirth PAR THO HIWAS O'D BY 1999 AND CAN H Shotgun wound of right lower leg MMF in the Justing + 5 So differences which gove в тте е по е о _ DUE TO g he arrow your doller P AF & TO SK FART PICTURE INTERLANT CONDITIONS ON REPORT CONDITIONS AND ACCORDING THE RANDAL INC., INC. PRIMAR AND COTRAR MO THE OF ROLL HOW IN THE REED THEN THE HURS THE STEEL THE ST. P 6 Shot by unknown assailant 5 5 1 5 20 - 21 6: SHIRY For The IM IN IN IN MINE 10Y YEAR 9:50 "30% White I Air Wide & " home 67 Reisterstown Balt. 21 - certify the maak charge or the new is self-bed above held at Alicany KT 4P P91 ING Y ond in my opinion Not not on ex. [Accident .] Hamir d. determined in merm 🖎 22 DATE SIGNED AN MEDICAL XAM YER IN 픻 FUNERA June 18, 1967 EXAMINER'S Charles S. Springate, M.D. NAME L 10 k THE OWN HEREIN THE SAME OF THE WARRY OF Reisterstown, Balto. Co. Ma. June 21, 1967 Mt. Gilead Cemetery Lib R RAR SKA IR 250 RF D SY RFT TRAR 14 . WIRA DIRECTOR ADDR VR A SME Tipton - Eline Funeral Home Hampstead, Md.



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND
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the t	Datimire MARYLAND Risk Mit Prostmare.
ns after by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 10 c CTY OR TOWN (if putalde corporate limits, write RURAL and give searest town) write RURAL and give searest town)
hour hour	d. HAME OF WOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . I IS RES DENCE
St S	Armacost Noruma Home 812 Kassestenth, 3335 (restrat Ave VES DADA
tely with	3. NAME OF First Middle Bast 4. DATE Month Our Year
	(Type or print) 1/10,20 6 E 516 E 150 - DEATH VINE 17 196
executed within 24 hours and completely filled in by remays, as bor papers. Pagarant within 72 hours	5. yex 6. color on RACE 7 MARK ED NEVER MARK ED 8. DATE OF BIRTH 9. AGE (In years Funder 1 year If JNDER 24 MRs. 181 Alrihday) Months Days Hours Man.
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atten of a	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, to pruridown) (Hyes bire war or dates of service)
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HYSIC he hos this ce etache Dept	
by the litter is the de	20c. Time of Injury Month, Day, Year 20d. Injury DCCURRED 20e. PLACE OF Injury (Nome, farm, 10th of town) (County) (State)
ATTENDING retained by CTOR: Atten should be with the Stall	21 certify that (i) (this hospital) attended the deceased from 1964 to 1964, that (i) (we) ast
ATTEND! retained ECTOR: A 3 should With the	saw the degreesed alive on. 197. and that death occurred at 1M, from the causes and on the date stated above.
DIRE 3	MED DIRECTOR STAFF OF COLORS
RM. Page	PHYS C AN'S PHYS C AN'S PARKE (Type) PARKE (
TO HOSPITAL OR ATTENDING PHYSIC AN: The Page 4 may be retained by the hospital or 1TG FUNERAL DIRECTOR: After this certificate directo, page 3 should be detached for us should be filed with the State Dept of Health	NORET C DIVALL MIT VERGEN MEDICAL DO
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230. BURIAL GREMATION, 230. DATE THEREOF 1230 NAME OF CEMETERY OR CREMATORY 230 COCATION (GILL) toom of county) (State
[c]	24 FUNERAL DIRECTOR JUST ADDRESS 250. REC'D BY REG'STRANG SIGNATURE
VR ALS (4) 2DM 1/65	But one typeral Horne 3631 Falls Rd DATELLA 29 1567 Mines Surge
EDIM (Ad)	He in 11/2/22 for 72



Division of STAT STICAL RESEARCH AND RECORDS, 301 W PRESTON STREET BALTIMORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE Where deter ed at Residence hefare odmis ineo COUNTY a STATE 6 COUNTY death Balti ore MARY AND Maryland 5 ITY OF TOWN Andrew after mits AY IN F write RURA, and give it over those Why conside apparate Depo Ima with RURA, and give nedrest town] Apltimana Bs. timore d way. Of BOSPI A, OK INSTITUTION It not in biospiral give lineet oddress. हर दिल्हा पुरस d TR T ADDRE hours ON A JOHN e Slote [72 hour St. Joseph Hospital NAME OF a DATE Denmis Asposito DECEASED 中 Philo tion in gene DEATH June 16 photo THE OR RAIS AR THE WITTER 74 GPS WARRIES NEVER MARRIED [3] B CAR OF BIRTH A.G.F. yea INDER or hard-new Winds 8 White WIDOWED g g Jo P. A. Co. PA DN intektrals wantedole lote at tersion of try N OF WHA IN RY di ngalari i work gide oven irabidi INDU! RY FATHER'S NAME Exominer M MOTHER'S MAIDEN NAME Carmelo D. Dia Anthony M. Ecrosita 000 15 WAS DECEASED FYER IN U.S. ARMED FORCES? & JOCIAL SECURITY NO 17 INFORMANT Addre (Yes, no, or unknown | KII yes give was as dates of service) Chret Medical permit IDAOM61 8 CAUSE OF DEATH HIS only one display time of Ironsit PER' DIA H WO OF IT BY 8 MMEDIA'F AGSS (C pigw DUE TO Conditions, if any which gave le a minediare o le si DUE TO stoling the underlying days ssed as burral, c NE & IF Y PAR IL C'HER BIGNERI ANT CONCINONI ONTRIBLE 195 T. JA HIBET NO REAR LEO THE RIMINA DI A LIND IN MIVEN IN PAR IN PERCORN Y 200 EXTERNAL CAUSE WAS prid PRIMARY TO IN R BY ING AJF CAN EXAMINER ME TECH IRY Ments Tox Inspection (2) took thorage a the L DIRECTOR death resulted from-Harmode [undetermined manner CHIEF MEDICAL EXAMINER 22 DATE SIGNED 45 IS AND MEDS AL "XAMINGS D. aur't aut DEPUTY MEDICAL EXCAMINER LXAMINER'S Charles For Donnell, M.D. Address (Street, city, town or county 2.6 NAME OF TEMPTERY OR TREMATORY 5.15 DATE THEREOF 236 BUR'A REMATION 236. LOCA YOM (City or Town) REMOVAL Specifys Tearer timore. 296 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR 4D DRES VR A 5ME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT-MORE, MARYLAND 21201 07744 CERTIFICATE OF DEATH funerral 8 USUAL RESIDENCE (Where deveosed lived, if institution, Residence before admission) PLACE OF DEATH o COUNTY COUNTY Baltimore
b (NY DR TOWN (if notside corporate limits, weden RURA) and give negret lawn) offier MARYLAND Maryland within 24 hours pifer 1 F ORY OR TOWN (If outside corporate limits write RURA; and give necrest town) E VENGEN DE SERVING IN Glen Arm, 21057 d KAMF OF HOSPITA, OR INS 11 ORI If not an hospital give street address PR OFWAY Poper. The A BRACT Box 663-9 St. Joseph Hospital VES . NO F NAME OF Middle 4 DATE Month OSF DECEASED OF Rosa **EVANS** 18. № 67 June Type or purd DEATH pret executed 0 THE KID. K 74 HRS REGINE 4. YEAR S SEX B DATE OF BIRTIE 9 AGE 'n 401 & COLOR OR RACE 2 MARRIED NIVER MARRIED Install Alder Months Days 11-12-1876 Female White 20 WIDOWED DIVORAL D. BE KIND OF BUSINESS OR 2 PER DE WHAT 190 JS JAL 4 PATION Give kind of work done BIRTHPLACE Country & Stole of Inrespo number DUNTRY S.A. NDUS 1927 physkion a during most of walking life even a rehred) Maryland Housewife certificate Homemaker 13 FA HER & NAME 4. MOTHER'S MAIDEN NAME ottending phys permit Then p ton, ar remayal, Elizabeth Obitz John B. Markley ON YURIUM AND RITY NO. 7 INFORMANT 4ddress death S WA DECEASED EVER IN ARMED FIRES (Yes, no. or unknown). (If was own wor or dates of service) 21g-32-1511 ara Bessie Flowers Box 663-9 Glen Arm Md cremation, NT RIVAL BOTWEEN 8 CAUSE OF DEATH (Enter only one couse per line for lot in lotted line ONSE AND DEATH PART DEATH WAS CAUSED BY Acute pancreatitis IMMEDIA CAUSE to 至 DUF TO burio o Conditions, Il ony, which gove (6) rite to unmediate couse, of. DUF 10 toting the underlying duse been et o PART II OTHER HUNTEIGNE CONDITIONS TON RIBUTING TO DEA HIDE NOT RELATED TO HE TERMINAL OFFICE ONDITION SIVEN IN PART 8 h PER-OXMED? edith edith 41 DO NO Arteriosclerotic cardiovascular disease. a₄DN OR ATTENDING PHYSIC AN: \overline{a} POR ALL OF WA CHIERLY SHOT OF DRIVING TO A CHICK DEATH 20th OF SHREE HOW INJURY OF RISED Tenter nature of mury in Port of Port II of Item B 21 r fills carrin defouhed to te Dept of h IF FITHER NOTIFY MEDICA, XAMINERS MED (A) 20s PLACE DI INPIRY Home form MF DE INJURY Month Day Year ZOM INTURY OF TURBER onto dote. 139 Hot While Hour o.m. factory street office bidg. etc.) of work L 21 I certify that it this haspital) attended the deceased fam June 18. 9 67 June 18. 19 67 that 10 C peulb_aa. saw the deceased always Jime 18. 9.62 and that death a larged at6:1.5PM from Jove, and or the date stated above TO FUNERAL DIRECTOR 220 SIGNAT IRE 225 BATE SIGNED June 19, 1967 JM.D PHYS poge 3 22d ADDRESS O MOSPITAL 7620 York Rd., Towson, Md. 21204 Cockburn, M.D. director should b 23d LOCATION (City or lown) 236 DATE THEREOF 234 NAME OF THE SRY OF SEMA DRY Stotes 230 BURIAL REMATION (Coumby): REMOVAL (Specify caltimore. Md. arkwood Cemetery 25a Ral'D BY REGISTRAR 256 RaGISHRAR SIGNATURE 24 FUNERAL DIRECTOR VR A35 41 25M . 67 MY HAY THE - 4. 49, BINAR



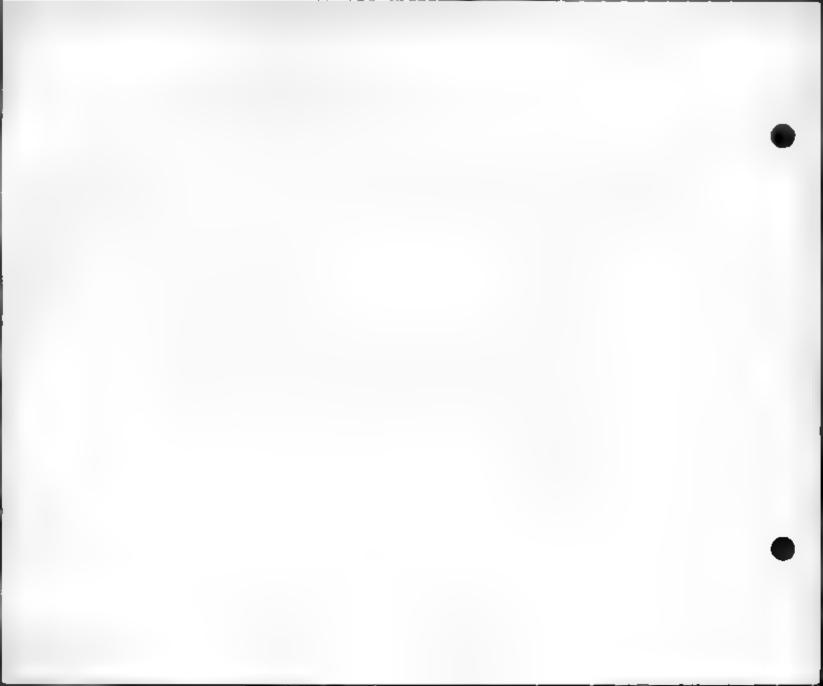
and 2 oesth. and 2 TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate the executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR After this cert ficate has been signed by the attending physician and-completely filled invi director page 3 should be detached for use as the buriantransit permit. Then please femove tarbor papers. A -should be filed with the State Dept of Health prior to burial, cremation, or removal, and the appeadent, within 72 hould

MARYLAND STATE DE	PARTMENT OF HEALTH S, 381 W PRESTON STREET, BALTIMORE, 1, MARYLAND
	E OF DEATH U7727
PLACE OF DEATH A COUNTY Paltimore	2 USUAL RESIDENCE (Where deceased wed, is institution Residence before admission) a. STATE b. COUNTY
b. C TY OR TOWN (IT ourside corporate limits, we te RURAL and give nearest town) Dundalk MARYLAND E. LENGTH OF STAY N 1b	Maryland Baltinore c CITY OR YOWN is outside corporate limits, write RURAL and give nearest town? Dundalk
d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give atrest address) 2023 Ormand Road	
3. NAME OF STREET Middle OF STREET Middle OF STREET OF S	Fackett OF June 15 19 67
5. SEX 6. COLON DR RACE 7 MARRIED NEVER MARRIED NEVER MARRIED NORGED NORGED	8. DATE OF BIRTH 19. AGE (In years FINDER , YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
The usual Occupation (Give kind of work done on the kind of susiness or during most of working life, ever if elired houstey houstey hall wright Retired Bethlehem Steel (II. BIRTHPLACE (County & State, or foreign country) 12: CTUZEN OF WHAT COUNTRY? CQ. Czechoslovakia U. S. A.
.3. FATHER'S HAME	14 MOTHER'S MA'DEM RAME
Not Known	Not Known
No 213-07-4595 Jo	Address Description Fackett, 2 Oak Road, Edgemere, Md.
18. CAUSE OF DEATH (Enter only one cause per ine loc.(a), (b), and (c).] PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a)	of leaving Servation on ser and old H
Conditions. If any which gave rise to immediate cases (a), starting the underlying cause ast	rue of foot
A PART TOTHERS ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL C SEASE COND TONG VEN MPARTILES 19 WAS ALL SPSY PERFORMED? YES 17 NO DR
n.)	CURRED. (Enter nature of Injury to Part Tor Part 1) of Item 15.
20c. T'ME OF (NAURY Month, Day, Year 20d. 'NAURY OCCURRED 20e. PL Hour B.m. p.m. 19 While Not While fact at work at work	ACE DF NJURY (Home, Farm, ZOF. (City or town) (County) (State) ory street, office bidg. etc.)
22a. 5 GNALONE L.	, 19 lo
BUR AL, CREMATION, 236. DATE THEREOF 236 NAME OF CEMETER BURIAL (Specify) 6/17/67 Sacred Heart	of Mary Cem. Baltimore, Maryland
John J. Duda 7922 Wise Ave. Dundalk, Md.	UN 1 9 1967 Killiante Junge

VR A15 4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET BALTIMORE MARYLAND 21201, 7728 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ISDAN RESIDENCE TWO are closed and hore or at the Record a better done or PRACT OF STEATH S. COUNTY BALTO B STATE MD B COUNTY BALL MASY OFF ING HOLD AY IN L NAME of SECTION OF THE OUTPUT OUTPUT OF THE OUTPUT OF THE OUTPUT OF THE OUTPUT TATUSI FEESER BEATH TURE 25 DECEMBED R MARRIED B DAIL OF RIR H AND THE PRINCE OF THE DESCRIPTION OF THE RESERVE OF TH MAG T NEVER MARRIED b OTHE HE RAS Will own [e wing the word pending in pentit in tem li-forwarded to the Chief Medical Examiner's Office. TO A H JPA TO A SE THOU A SE HOUSE OF A HAT THE EARLY TR during the link weing the every reflect! 3 FA HER'S HAME 4 MOTHER'S MAIDEN NAME WE ON WEIN ARMS FOR Yes no, or unknown). [3] yes give wor or defect of service) LIDIA FFESER ABOVE BE CAUSE OF DEATH [Units only one coute per line for (o), (b), and ,c),
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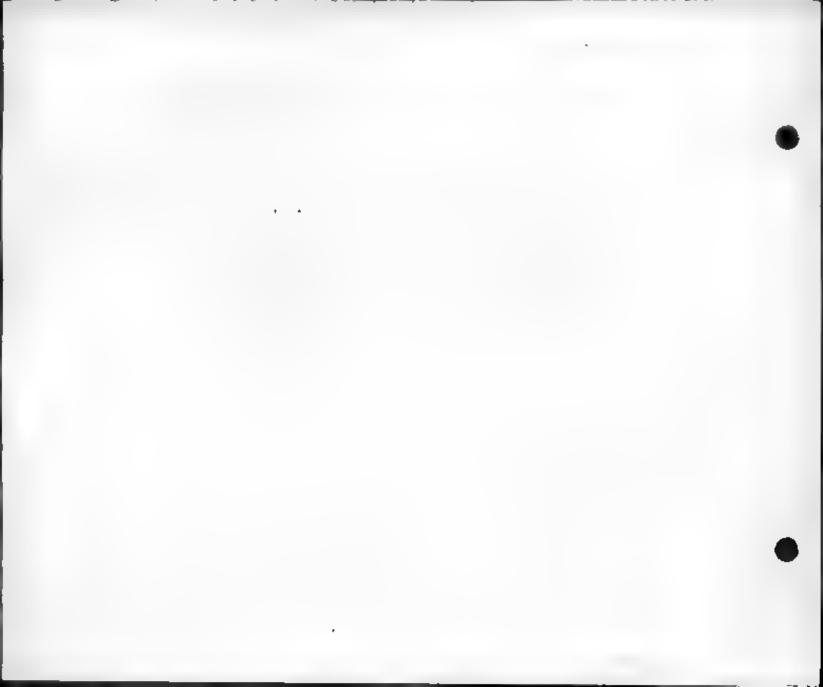
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICA, RESEARCH AND RECORDS, 307 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				ory, street, office bldg. etc.		(County) State)		
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	saw the deceased alive an 19 and that death accurred at M. from causes and an the date stated above							
	220. SIGNATURE ATTENDING M.D. ATTENDING MED. STAD DATE SIGNED							
7	22: PhYSICIAN'S NAMI Type	VE. 5 A	it pe	22d 400%(55 Baltim	Spring Grove Sta ore, Maryland 21	te Hospital		
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TO FUNERAL DIRECTOR. After this certificate has been signed by the alternary physican and completely filled in by the funeral director page 3 should be detached to use as the build frame? Then please is move order pages. Pages and 2 should be filled with the State Dept. at Health print to build in remain an or remain, and another the state Dept. at Health print to build be filled with the State Dept. at Health print to build be remained and another property. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after deaths.

Page 4 may be retained by the hospital of aftending physician. VR A 5 4] 20 M 1/66



DIVISION OF VITA, RECORDS, 301 W. PRESTON STREET CATIMORE MARYLAND 21201 7 USUAL RESIDENCE (Where deceased lived of institution Residence before colonission) s ofter depth PLACE OF BEATH o. COUNTY Maryland MARYLAND Baltimore Baltimore b CITY OR TOWN (If at twice apporpte limits FINGTH OF TAY IN 'b TV DR TOWN To outside carporate limits, write RBRAL and give neatest town. White RUSA; and give nearest fown." Baltimore 21221 lowson. e पर हहशाम्बर्ग d STRIET ADDRESS d. NAM, OF MOSPITA, OR INSTITUTION (If not in hospital, give street address). ON A MAKM. Apt. 2B Mars Road YES NO X St. Joseph Hospital 3 MAME OF Middle 4 DATE DECEASED FITZ MARY 16 9 67 June Type of print) DEATH the death certificate be executed TIF JINDER YEAR B DATE OF BIRTH 9 ACF In years TIF BINDER 24 HRS . SEX 6 COLOR OR RALL 7 MARRIED NEVER MARRIED lost birthday Female White WIDOWED BE DIVORCED IQn ... ISOAL DI 'BPATION' (Give kind of work done during most of working life even if retired) 12 IT JEN OF WHAT 106 KIND OF BUSINESS OR 1 BISTAPLACE (County B. Hotel or foreign rountry) COUNTRY HOUSTRY Pennsylvania Homemaker 13 FATHER NAME physici en pleo 14 MOTHER MAIDER NAM WALDERLAND EVER IN 15 ARMED FORCES? 6 ROCAL SHOURITY NO * INFORMANT Address (Yes, no. prunknown) [(II yes give wor or doles of service) BCTABO. INCREMENTAL BESWEEN FB CAUSE OF DEATH (Enter only one cause per line for top lb) and to ONSET AND DIATH PART I. DEATH WAS CAUSED BY MMIDIA CAUSE (c) Adenocarcinoma of the lung with metastases Congestive heart failure conditions it any which now rise to ammediate course [o]. DUE TO storing the underlying louise. 9 WOLASTOPSY PERHORMED? ž PART " OTHER JUNEAUST CONDITIONS CONTROLLING TO DIATH BLT NOT RELATED TO THE TIRMINAL DISEASE CHROTICAL GIVEN IN PART TO NO ± O HOSPITAL OR ATTENDING PHYSICIAN 206 A. DEN' WAS JNDER YOUR T 20b DESCRIBE HOW INJURY OCCURR D. CENTRI HORSING OF INVENTION PORT For Port II a Intern IIB detrothed f OR CONFRIBUTING TO CAUSE OF DEATH THE EITHER NOTIFY MEDICAL EXAMINER ZBH INJURY OF SURRED 20s PLAC, OF IN URY Home form 20f (I "y or fown) (Skore) 204 TIME OF INJURY Month Day Year Hour o.m totlong street office bidg, etc. White Mot White Daywork D 2) I certify that & (this haspital) attended the deleased from June 14. 967 to June 16. 967 that \$0 (we los low the deleased give an June 16. 1967 and that death accurred a8:200 M from causes and an the date stated above 70 JGNATURE 77b DATE JIGHED DIRHTOR PHR X June 15,1967 page e filed a ed ADDRI 221 PHYSIC AND NAME TYPE Ramon P. Lopez 7620 York Rd., Towson, Md. 21204 3d (OLA IOS kily or rown) SI NAME OF EME FRY OR CREMATORY 230 BURIA REMAILON. 23b DATE THERFOR ahe Sha RENYCLICAL Chargosty) varien of Faith Ralto. . hi. 256 REGISTRARY JGHAT IRE ALD DR FSS 750 RICO BY REGISTRAR 24 FUNE/NI DIRECTOR

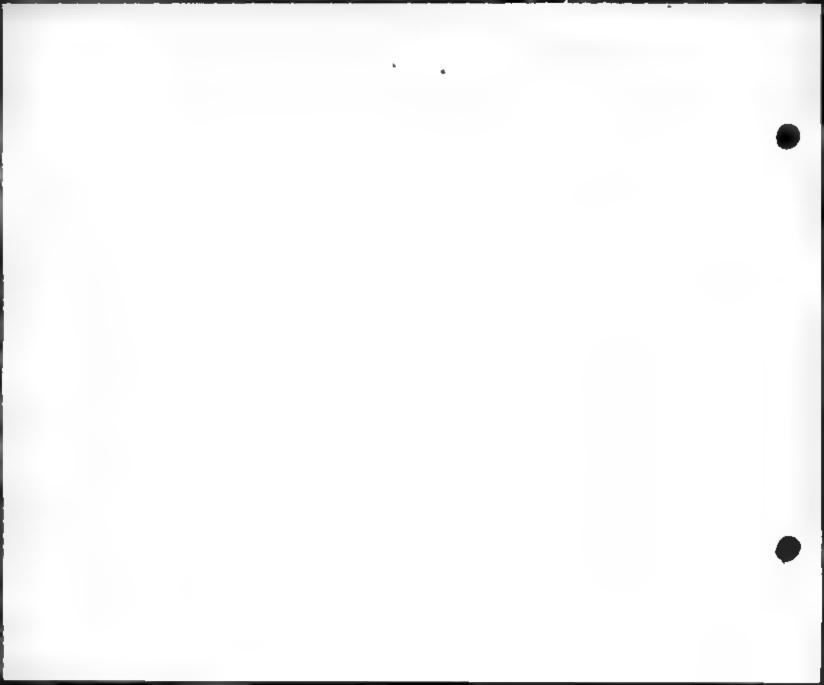


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 97751 CERTIFICATE OF. DEATH deoth PLACE OF DEATH 2 USMAL RESIDENCE (Where decreased lived, if invitation Residence before admission, 5 COUNTY a COUNT MARYMANT "H ourside corporate ilmida JENOTH OF STALL IN III write RURO: ond a ve naziesa S. NAME OF HEXPITAL OR INCO ON A NRMP NL X 8 bon NAME OF Midale tast DATE Manth Yerr completely nave volbor DECEASED TYPE OF PRACE DEATH ONY eyen AGE n years IF THOUGH JULIA OF RALL 7 MARRIED NEVER MARRIED vobright ten-Machas Doys WIDDINED DIVORCED elehi H Bug KIND OF BUSINESS OR 2 OF ZEW OF WHAT i0b DUNBRY ? 9508 <u>during r</u>ook of working the eyen if retired) physician enenden ALEXE - MAINE a. ARMED NORT 52 INFORMANT attendin (Yes, no, or waknown) (III yes give won or dates of service permit b 10 ne 770 6 FB. CAUSE OF DEATH (Enter only one couse per for robarb), and reb) (remat ONSET AND THAT PART I DEATH WAY AUSED BY IN BURE BAILDINNS à attending physician DUE TO pauSis buria. anditions, flany, which gave ise to immediate oute ou DUE 10 ainting he underfying cours been las 8 PART II OTHER SIGNIFICANT CONGILIONS ON R. BI. ING TO MOTH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART INC. WAS ALPTOPS has PERHOR MED? ficate by the hospital or He0 20g ACC DENT WAS INDERLYING 205 DESCRIBE HOW INJURY OF CURRED TEnter nature of injury in Port of Port II of Isem B OR CONTRIBUTING LAUSE OF DEATH deforhed ES EFFNER MOTIFY MEDICAL EXAMINER Dept 20: TIME OF INJURY Month Day Year 20d INIL RY DECLIRRED 200 PLACE OF NURY Harm form (City or fown) LOUPTY, Stote Наш алп While forlary lines, office bldg, etc. Not White ar work. (this haspital) allended the deleased from be retained 19 62 PM from couses and on the date stated above and that death accurred at Z saw the deteased alive on. TO FUNERAL DIRECTOR 276 DATE SIGNED 22o SIGNASIASE 艇的 PHYS DIRECTOR PHYS of the for page of the page of PHENCIAN! 72d ADDRESS TO MOSPITAL Page 4 may b NAME Type: Richard A. Jones, M.D. Rosewood St. Hosp... Owings Mills BURIA REMATION 736 DATE IMEREDE 2% NAME OF CEMETERY OR CREMATORY 23d CKATION Tity of Towns Enumber Baltimore, Md. 6/26/67 New Cathedral Cem. ADDRESS 256 RIGISTRAR'S SIGNATURE 24 FUNIRAL JIRE LOR Witzke F 250 REF'D BY REGISTRAR D. - 4101 Edmondson Ave. VE A 5 M 6

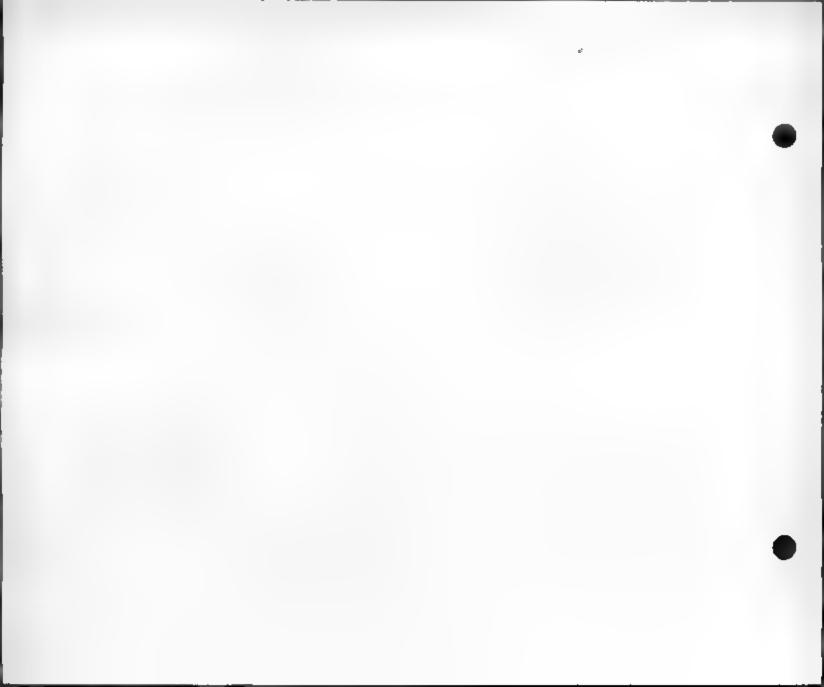


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET BALTIMORE, MARYLAND 21201 FOR STATE PLACE OF DEATH USUAL RESIDENCE Where its early loved in more to Providence before idnin in L 1878 DUNTY Poge Md. Baltimore TY IR 1995 If all only parties acts will of RA, on give hearest low-N. H. B. AV. IN is in given the transported and will be Rillian and goes representation P.M.3 Granite Ransallstown 1140 d NAME IN HITSE A TIREMSTITE ON IF not a hospital give areet oddress. d RF a OR a RESIDENCE 8 4 IN a ARM? 8600 block Liberty Rd. Bunker Hill Rd. ar 🔻 Give Pages 0 4 DATE DECEASED James H. Floyd 67 June Two grips' DEATH 11% DI -P IR RALL MARRIFO NEVER MARRIED B DATE OF BIRTH 3 3 III, day Colored 1904 Male WILDIAMES NIVIDE E Do Pinkling PA IN versional of work done RIPTHPLACE total or other and vi R IF WHAT dut is more altivazione alle levieri, petineri, WIRS. A. pages in uny Examine I office want 4 MC*HER JAI'DEN NAME 분 puo S IC SI JR TY NO WORLD IN DEVIR N. ORM TENE INFORMANT Address Yes that inknown they have we discount returned 040 Certificate Med. Assist, Prog. St. of Md. A E & TWIFE A CAUSE OF DEATH I I willy one as leight he for it. I'm and PAR " IFATH WA O. I. RY KEN COM LAND Cardiac Decompensation 8 MMI IATE AUSE IN ward P P Hypertensive Arteriosclerotic C-V Disease 4 YI5. andition only who gave le minipardie qui el o rating he disorptia ducts 8 PART IN OTHER BONIFICANT CONDITIONS ONTO SUPINCE TO MATH SIT NOT RELATION TO HE TERCHAND. FASE INDOMESTICAL ON LIVEN IN PART S No. 5 Spry PLEFURMED. Chronic Alcoholism 3 N X To XMIRNA A WA 20th of SCRIBE HOW INJURY OF JRRED Hotel nature House Policy in the B prior PRIMARY III or CONTRIBUTING III. CAUSE OF DEATH EXAMINER none DODEL Ex. Time Of Marky Month Day Yea. PDB INJURY TRE TO The MACH OF A TURY OF the Solar Hour g.m. While Not While E tectany sheet differe beda let Page L WL K 2. I certify that I rack tharge of the remains period beg above held an Aurapsy. Inspert to A on the my opin or POSE exe death resulted from Natural causes X Acr dent a Buide Horruide i undetermined manner HIFF MEDICAL EXAMINER 72 DATE SIGNED ASSISTANT MEDICAL EXAMINER the lunera roy be Tadric Apage Religion of the Maria EXAMINER'S D. Caples. M. D. 6 Hanove 5 ray TO FUNE HEOLT NAME YOS 3d DIATEN SIVELOWS ZXc SUP AL REMATION. 23: MAME OF TEMETERY OR REMATORY 23b DATE THER JOE 1 101 Ter. 24 FUNERAL DIRELIOR ADDRESS 256 REGISTRAR GIGNAIUR VR A SME IS

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH, DEPT. PLACE O FALE discerner + igis Y artist give arget oddress LAGCON 3. NAME OF DECEASED 4. V / 1 NESSER WARRIES X MARKILL 696 100 a DIVORCED Chino ON KIN OF ERSONE OR b ô F HIS TWI *QTILLE 0 1 41 11 11 1R Y NO menance for virtually want in dote of respect 5 event within Med à CAUSE O DEATH The lity are on eigen the in PART DEATH WAS CAUSED BY This golf to 600 MIME A ARE O p. p.v 42.6 ony Conditions if any, which gove 1 ave mimedio o se o r ⊆ DUE TO stoling the undersying couse puo MIRILANT TONE THIS TO TRUST, AND T. A. P. NO. S. AT T. P. RM SAL P. DS. ON GIVEN IN PART HOL 19 WAS ALTOPSY PERFORMED? NO DE 8 OR WARRANT A REST NO. ъ dollor 7 24 I certify that is it harpe if did Him ned mu-4200. 품 ACTUAL 22 DATE SIGNED MGNATURE 루 FUNERAL TO FUN. DUNGA Φ UR A SME OF



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W OF CERTIFICATE DEATH PLACE OF DEATH hours after death Pilm + Franks Franks Z. USUA, RESIDENCE Where deceased ired, | institution, Residence before usu-ssion) e. COUNTY b. COUNTY BALTIMERE 書 MARYLAND b. CITY OR TOWN off ours de corporate limits, c CITY OR TOYIN (Fourside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 papers Pag hid 72 bours write RURAL and give nearest (own) Same Colo (-PRRI scis d. NAME OF HOSPITAL OR INSTITLE ON (If not in hospital give street address. S RES DENGE d. STREET ADDRESS ON A PARM? 4 eyent, within completely carbon MAME OF BATE Elirst Middle Last Dav DECEASED QF (Type or print) DEATH 19 6 and con 6 COLOR OF RACE AGE (In yea/s IF UNDER I YEAR ILF JNDER 24 HRS MARRIED THEVER MARRIED ast birthdevi Months | Days 2 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 1 Job. KIND OF BUSINESS OR E 31 B RTHPLACE County & State, or foreign country) CIT 7EN DE WHAT removal, and in physician certificate be during most of working if a, even if retired) COUNTRY? MOUSTRY 13. FATHER'S NAME MOTHER'S MA DEN NAME attending phenament RMER Justinour 15. WAS DECEASED EVER IN U.S. ARMED FORCES 18 SOCIAL SECURITY NO. INFORMANT Add ress permit Yas, no, or unknown) If yes pive war or dates of service) the the burial trans to or to burial, cremation GAUSE OF DEATH | Enter only one cause per line for 'al., (b) and 'c). ONSET AND GEATH DEATH WAS CAUSED BY PART O FOSFITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. MMEDIATE CAUSE 18 DUE TO Conditions, if my, which (101) gave rise to immediate s the DUE TO cause (a), stading After this certificate has build be detached for use as the State Dept. of Health prior underlying cause ast (c)OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTILIBLE WAS ALT :PSY PERFORMED? PAG. NO X YES ш 20a. ACC DENT WAS UNDERLYING TO OR CONTR BUTTING TO CAUSE OF DEATH DESCRIBE HOW NULRY DOCURRED. Enter nature of injury in Part 1 or Part 1 of Item 18.) CER-OF E THER NOT FY MEDICAL EXAMINER 충 20d INJURY OCCURRED 20s. PLACE OF INJURY (Nome, fairn City or town (CounTy) (State) 20c. TIME OF INJURY Month, Day, Year factory street, office bldg., etc. Hour a.m. After ġ With re-Not While R ATTENDING at work at wronk director, page 3 should should be filed with the 196 Z that @ (net last UNE 21. I certify that (1) (this heaptful) attended the deceased from Health M, from the causes and on the date stated above. 1967 and that death occurred at / saw the deceased alive on 22a. SIGNATURE 22b. ATTENDING STAFF PHYS PHYSICIAN'S 22d. NAME (Type) BURIAL, GREMA ION, 230 NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City. Jown or county) (State) DATE THEREOF REMOVAL (Specify) FUNERAL DIRECTOR 25a / REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 212017 7 9 77

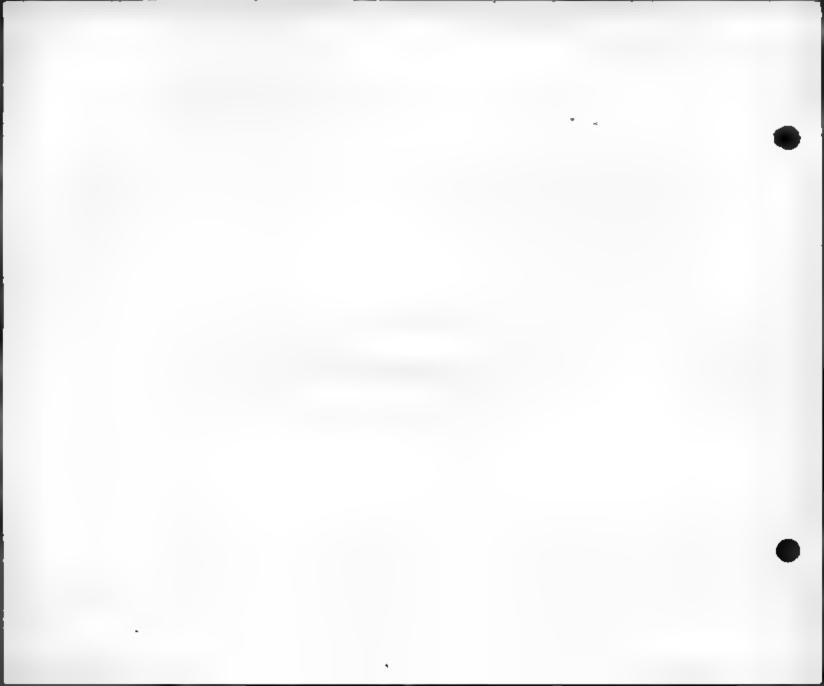
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with n 24 hours after death

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NAME Types

23o BURIAL REMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

Juana S. Cockburn, M.D.

23h. DATH THEREOF

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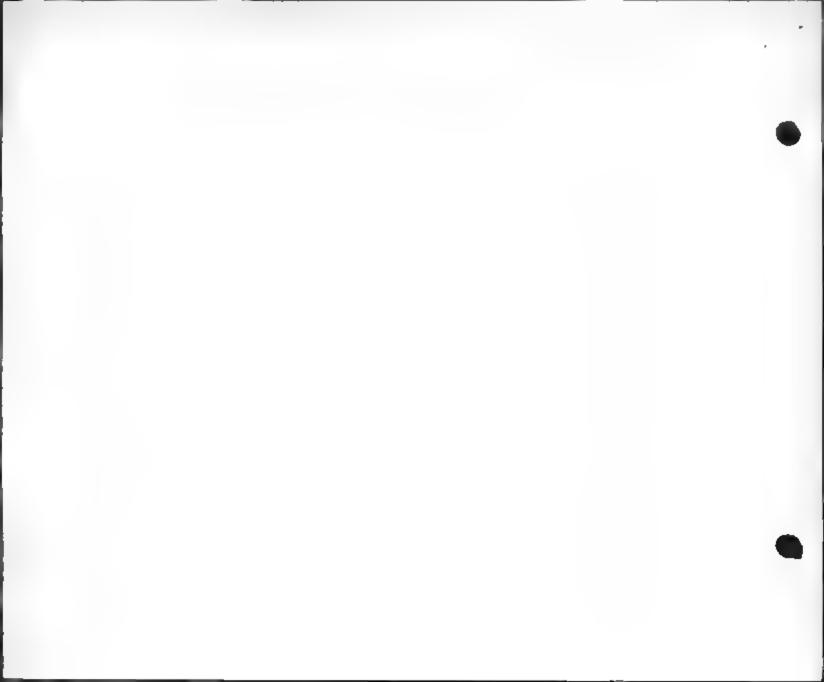
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DIVISION OF VIAL RECORDS, 301 W. PRESTON STREET BALT MORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE THE DEATH JSUA, RESIDENCE THE CARD A c N Baltimore TV 100 - 600 a c - 1 gc - Inchil if he also lie the wall. Bliffle shift give notice all whi P.M3 Dundalk ** 16 years Dundalk I NAME OF SERVICES OF THE 4 81 3 48 1306 Willow Road 1306 Willow Road NAME OF DECEASED Charles Foster Sr \mathbf{D}_{\bullet} June 1967 DEATH B 25 OF BIR H JNDER Y AR of the RACE MARKIE N SER MARRIE an Podra 1/8/08 Male WIDDWID. g Pila to SPAT (No legal dish work done ib Kim in EdstNES 7 C THE F WHAT Industrial Engineer Bendix Radio Corp. North Carolina 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Capas W. Foster Catherine Ludwig INFORMAN(Wife) MA A DIVER Y ARM DIRCH IS THAT IRTHAN 4dd Maryland this win (If ye give wo o sole of ervice) 303-07-9567 Mrs. Ruby Foster, 1306 Willow Rd. Dundalk 8 CAUSE OF DEATH 10 on PAR DIATH WALL BY THIS ON WHATH MMEDIAT AUST TO 3.95 (0 indition il any what gave re predne a vid storing the underlying ours. 03p.0 Š PASE TOTAL CONTROL CONTROL OF THE ATTACK OF THE ATTACK STATE OF TRANSPORT TO THE AREA OF THE ATTACK 8 E of 2 P WG 20 DESERTA 10W INJURY 198 P. FURL III. PRIMARY of NTRIESTING a if the H gž work at work 2 I certify to dook thatge in severage, to bid his white A time. Inq. v X. iger ig 😿 ם חופר איד לב ס Noticial coases In Account ... Undetermined manner Suicide [Harricide THE YOU A. DAMINER [] 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 105 Main St. 6/23/67 FUNE Theodore C. Patterson M. D. Dundalk, Md. 21222 hiddler in se NAME OF SWITCH OR KINGTOR MOE 6/26/67 Oak Lawn Cometery Baltimore, Md. o INFRA RI 600R655 250 REV D BY REC IS RAR 256 REUISTRAR'S GONA! PI VR A 5ME '5) John J. Duda, 7922 Wise Ave. Dundalk, Md. 6M 767



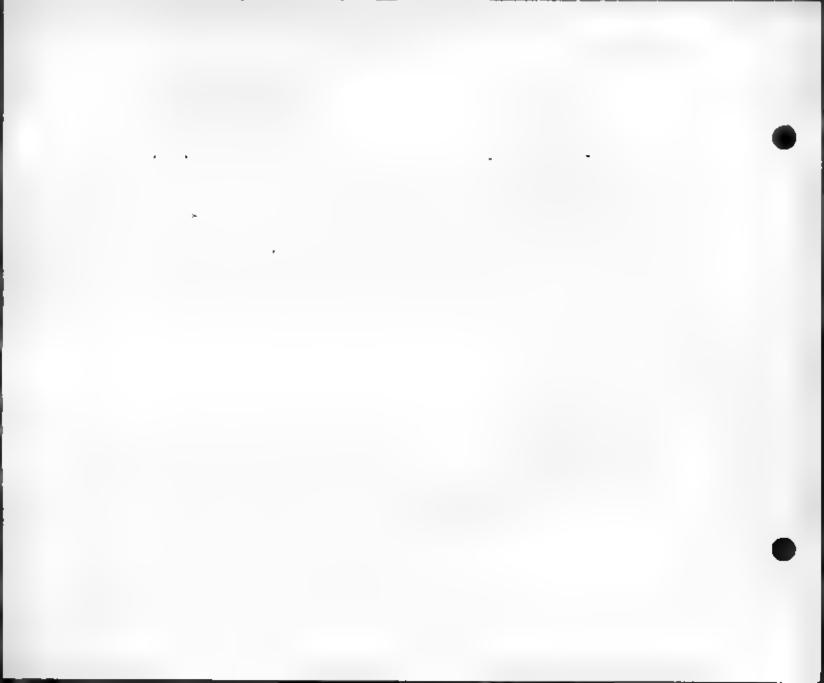
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT MORE, MARY, AND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH PLAC OF DEATH JSCIAL RESIDENCE Where decenned head in the in Reser velore of a ra- EDUNITY o STATE b. COUNTY 3 to Baltimore Maryland MARYAND +mem+ 製 CR CWN - clude roots life intoh NOTH IF TAY IN B. Tork TOWN 4 He production write RURA at pive reure PAA3 write RURAL and give neares lown. offer Garrison 86 days Baltimore NAME TO HEAPT AT THE BIS TION of the hospital que s'user oddressy R F ADDRESS Jorgan Samou THE A HORM Foxleigh Nursing Home 1504 N. Pulaski Street Poges 940 Wills 3 NAME OF Ost DECEASED DF 룬 Anna Fox 1067 Give June DEATH Type of phoź globb 8. QATE OF BURCH IF WEER YOUR 6 lk % RA MARKSED NEVER WARR D ž 86 " 3 No. other Min White emale WIRDOWEL K DIVER TO ond 2 Ism An in Paul North State week force OB KIND OF BUILDING BIRTHPLATE HOLD - OFFIG. 2 TIZEN C WE'S home ng we kan life or reived! Housewife UNITS T ů. at Lithuania U.S.A. pages in on; Examiner 13. FATHER 5 NAME 14 MOTHER , MAIDEN NAME ofe should be executed within 0.00 Block Unknown AND THE PURE OF LARME OF T a sullet viola INFORMANT "" yet give wor it note: ġ pending Mrs. Bernice Kuryk, 1043 Flagtree Lane, No No 8 A E O F A R 8 CAUSE OF DEATH of By in once per line for the pine DIAHWAY A PUR WY AND THAT'S Middle, Malteriosclerotic Cardio-Vascular Disease 6 mos. 0 word DUE TO ē Conditions if any which gove o buto ä the the 2 rise to immediate couse (o). DUE TO stoting the underlying couse 101 burial 200 PART IN STREET SIGNIFICANT OND TONS THE RESTING TO DEATH BURN OF RELETED TO SHOUR AND THE ON THE WARRENCE OF 9 1996 485 PERFORM LP h certificole a TOO FETT KNAL AUSE OF 205 OF KIRK HOW INIURY DOTTIRKED Tables not the of many. Fact in P. High feet & ò ō PRIMARY ON RIB INF ... 444 PL SAS JOH. à AUSE OF JEA H. EXAM NER none αį 29) M. H. HUDRY Manth, by Year JOH INMERY DUTIER D 200 POACH OF NURS. Home from 206 the gillown Not White 0.00 four cum toctory street, office bldg, etc. While none of work L pledse execute designated certify that tack charge of the en oir desk bed above held at A rapky Inspection | X requiry 30 and in my opin or DIRECTOR death resulted from Natura causes 🔀 Accident a Ji Lide Hamiltide I undefermilied mönner d sector CHIEF MEDICAL EXAMINER ACTUR. 22 DATE SIGNED ANSISTANT MEJORA, XAMINER FUNERAL I SIGNATURE + Junerol O DEPUTY D PLIY MOVIA: LYAMINER X ö FXAMENER'S B. D. Caples, M. D. 6 Hanover Adamadeissenssown, Md. NAME Type 6-19-67 5 FT FL Heo t on BURIAL R MATION 235 DA THER O 23) NAM OF EMITERY OR REMLATORY 3H DOM: TON illy a Tawo REMOVAL (Specity) Rosedale. Mar land tak Thon Theonoto TAROPS. Butial 24 · NERAL DIRECTOR ADDRESS. Claries) VR & INF HE 6M 1 66 Sol Levinson & Bros. Inc., 6910 Perst.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT MORE, MARYLAND 21201 CERTIFICATE OF DEATH death USUAL RESIDENCE "Where decepted lived it institution. Residence before admission) PLACE OF DEATH 84 **I. COUNTY** o COUNTY o. STATE Maryland Baltimore CHAIYREW at Pe CITY OR TOWN (If notside orporate timits write RURA) and give nearest from & CEY OR TOWN IN outside imported times, FNGTH D JTAY 1K b write RURAL and give necrest tawns OURS (Pradshaw Bradshaw (Mural) A IS RESIDENCE ON A PARM? d JR 51 aboress d NAME D. HOSPITAL OR INSTITUTION. If no in haspital give sheet address. . adod +illed Bradshaw Road Bradshaws Md Bradshaw Koad 4 DATE 3 MAME OF tora DECEASED DEATH Oscar "rank yoe or print) executed by IF SIDER 74 HRS A DATE OF BIRTH 9 AGE "In years 5 SEX & COLOR OR RACE MARRIEL KI VER MARRIED (vobérus real Months Hours ē 6-4-1880 DIVORGED WIDOWED Male hite BIRTHPLACE INcounty & Stole, or foreign country 2 CIT ZEK OF WHAT OF KIND OF BUSINESS OR No. Sular OCCUPATION 'Greekend of white done the death certificate be LOUNTRYS during most of working life even if febred] INDUSTRY baltimore Co. Md. .S.A. Selfemployed l'armer 듬 4. MOTHER'S MARDEN MAME 13. FATHER'S NAME Mary Schwartz Joseph Frank WA DECEASED EVER IN LIST ARMED FORCES? 16 SOCIAL ECURITY KO 7 INFORMANT (fig. no granknown) [[If yes give war or dates of service] Ers Elizabeth Streett Bradshaw Road No IN TRYAL BETWEET 8 CAUSE OF DEATH (Fmei only one couse per line for a, (b), and (d). ONSET AND DEATH PART L DEATH WAS LAUSED BY IMMEDIATE JAUST CO ă erroscherntie Cardio, Vas. DUF TO signed burid conditions at any which gave use to immediate ause of, DUE 10 stoting the underlying couse peen lo si PERFORMED? PART II OTHER HENNESHAT COMD HONS OKKRIBUTING TO DEATH BUT NOT RELATED TO THE TERMBEAL DISEASE CONDITION GIVEN IN PART ID YES T NQ ATTENDING PRYSICIAN 705 DESCRIBE HOW INJURY OCCURRED (Enter motion of pripary in Port I or Port I) of New 18... 206 AL DEKT WAS UNDERLYING III OR 'OKTRIB! TING AUSE OF DEATH Dept of CIF ENTHER WOTHY MEDICAL EXCHANNER MEDICAL (County) 20rd INJURY OCCURRED 20s. PLACE OF "KJURY (Home form, (City or hown) (State) 20c THAT OF HULLRY Month Day Your factory street, office.bldg. etc., Hour a.m. Kgt While at work a work Afle 21_, I certify that (1) (this haspital) attended the deceased from 18(204) be retained and that death accurred At from causes and an the date stated above. strw the deceased of ve on all DIRECTOR ATTEN DING DIRECTOR PHYS be filed 22d ADDRESS O HOSPITAL TO FUNERAL eclor and b 73K NAME OF CEMPTERY OR CREMATORY 23d EDIATION Killy or Towns (County) (\$1ote: 230 BURIAL EREMATION. 736 DATE THERECH REMOVA: (Specify) Parkwood Cemetery Baltimore иd. Jur Lai 256. REGESTRAR'S SIGNATURE RECO BY REGISTRAR 24 FUNERAL DIRECTOR VR A 5 W 20 M

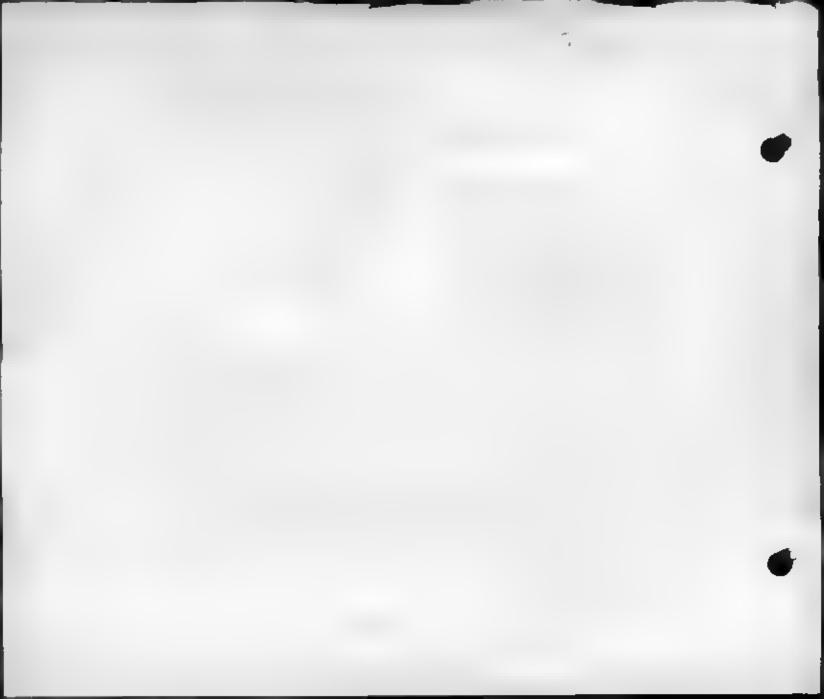


Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07760 CERTIFICATE OF DEATH 2 USUAL RESIDENCE OWhere deceased inved, if institution. Residence before admission. PLACE OF DEATH b COUNT Baltimore o STATE o. COLINTY Baltimore within 24 hours offer MARYLAND TY OR TOWN (If outside corporate limits, write R RA) and give nearest lown b TY OR IOWN 'If guitaide proporate limit LENGTH OF JIAY IN 16 write_R_RAL and give been it nown Bowley's Quarters (20) ho. Bowley's Quarters ON A FARM d STREET ADDRESS d. NAME OF HOSPITA, OR INS. TUTION It not in haspital give street addresse pubers halled Box 175 Chester Rd. Rt. 15 ΥĘ NO TEN c Box 175 Chester Rt. 4. DATE 1. NAME OF Middle Dov Tech DECLASED 19 ype or print) AGNES ETC) DEATH June complet requires that the death tertificate be executed 60 IF UNDER TYPEAR RECONDER DA HRS S SEX B DATH OF BIR 'H years & JOLOR OR RALE 7 MARRIED WEVER MARRIED 900 F thday Months Day Hours Oct. 21, 1912 MIDOWED DIVOR TO Female White gug JIN OF WHAT 10c KJA, ROJPA ION Give kind of wars done DE KIND OF BUSINESS OR BIRTHPLACE " bunty & State or foreign aunity is 12 6 INDUS RY during may just working life leven it retired. physician en piedse pup Penna. Waitress Resturant 4 MOTHER'S MAIDES NAME 1 HATHER , NAME removal. Kirsch on E 7 INFORMANT Addres-WAS DE CAUED EVER IN DIE ARMED FORCES? DH YT RUBE, SE JR TY HO ottendir I'ves no or unknown? It' was give wor or dates of service Dermit ь 210 01 4266 James R. Same cremation INTERVA, RETWISTN 8. CAUSE OF DEATH (Enter only one rause per time for marky, and 崇 ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE JUST ò Ϊ́σ DUI TO by igned puditions if any which gove (b) ave to immediate able to. DUL TO stating the underlying oute 华 WA A TOPS!
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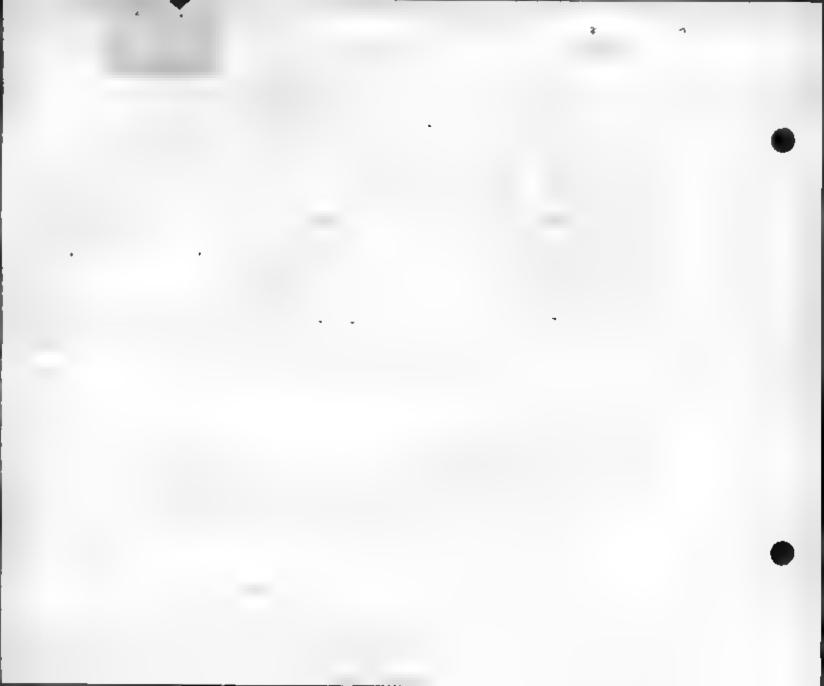


Division of STATISTIC ALL A CHAND R LORDS JO W PL 51 1 STAFFT, BALTIMORE S, MARYLAND MEDICAL FRAMEWORLS C. LIFECALE OF DEATH FOR STATE PLACE . LATT 2 USUAL RESIDENCE WE a cucyases you il MARYLAND C THU OF STAY N TO 1000500 DECEMBED 3 . L 6 CO OR OR RACE 7 WARRIED THE FR MARRIED age by de sounds 600 W II WED. C K eD 104 and 2 IPA On or extent were AThir 4 F Stelle o for girls nitry digna dignar- may go working little as in the led-2" Str, 8 1000C1 Je € U1. 78 . ATHER SAME WOTHER MA EN NAM 07 20 00 5 WAS DE BASEC EVER IN ARM'T RES 6 14 A 11 18 YOU NEC BULANT e op plystown. Hyery vywero uatero survice. -17 (a) hora curto i ma INTERVALS THE R CAUSE OF DEATH color of the car fine to in the auto MARDIATE CAUSE A PULTE PULMONARY EDEMA a NULL AND 4 PART & DEATH WA AL F BY alo fran · ARTERIOSCIERO DE CARDIOVASCULAR DISEASTE 5 YRS years of a movedure on se-4 10 0 all stating the underlying PART OTHER SEINE AND NETHON. FASI C NOT VANDART . 19 WA A R-B a n bu NI se fi 91 K K L No per 日本 4 % FK FRNA 4A WA Ob it got will liky C. Ref a more than a read or Per II of the fit PRIMARY . ON THE TIM ALS O DEA H DUR in PLA & NURY E maintered 204 G vincinw er a v on while step ell The Park A State of State of the State of th n 187 07 1 2 I certally ha indete militari manner CHIEF MEDICAL EXAMBLES DATE SIGNED to DEPUTY
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT-MORE, MARY, AND 21201 77762 CERTIFICATE OF DEATH untitod . PLACE OF DEATH 2 dSuA: RESIDENCE (Where decoased lived if institution Residence below astronour a. FOUNTY MARYLAND billity or thwn. It builde forplitate imits TY OR TOWN (if cutside corporate limits write RURA) and give intoresi town. ENGTH OF AY IN 5 FORT ROWARD Ers. 35 Min. BALTIMORE in NAME JE HOSPIFA: OR INS "UFIGN It not a traspilat give treet aduless 4 TREET ADDR ... If REGIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL N0 1925 ST. PAUL STREE 3 NAME OF 4 DATE DECEASED OF DEATH JUNE 67 Type of print nicholas B. DAYLINE BIRTH 9. AGE "la year 6 TOLOR OR RACE NEVER MARKIED last birthday WHITE DE KIND OF BUSINESS OR 10 THEN DE WHAT ic A, CCCJPATION Give kind of work done BIR THE ACE " no. by & note or foreign country. darting man ot welling life even a renned) INDUSTRY puo LEWIS COUNTY, W. VIRGINIA PATHYRIA 3 FARITR'S NAME THOMAS C. GASTON NONA MICHOLAS IN DRMANT WA DECEMBER IN ARMS - OR- F52 6 JUSTIAN SENJIRT Y NO PNAC Was rein in inknown. Athyer give war at dates of Jernite) YES PEC VAN PT HOWARD MARYLAND mottop N 15 5 WEIG TR CAUSE OF DEATH Series would ouse per one for a "b and HOLES PART I DEATH WAS AUXED BY STEM OF REAL PROPERTY. IMMEDIATE AUST II DUF TO anditions flany which gave CARCINOMA TONSILAR AREA, LEFT, l YEAR tise to in niediote buse jour DUE TO stoling the underlying coust PER HIM PAR IN DISTRICT MORITIONS OF THE PART OF CHAIRM OF THE PART OF THE YES I No 70% to JERS WAS INDERLYING TO 205 JENGRIBE HOW INJURY OCCURRED , niter notion is injury in Port of Port of Ham 18. OR CONTRIBUTING CAUSE OF DEATH pb. de THE FITHER INCTIFY MEDICAL EXAMENER 20e PA OI IN IRY Hi me form POR INJURY OF PRRED ADI 1 Ny or hawn 20y "IM OF INTURY Month Day Year Bot am juttery lifeet officialising etc. 妄 ond the death of Jived of 15pM from this hospital attended the deceased train June 19 1967 guites and on the dole stated above DIRECTO OB DATE ASSIST Jo SIGNATURE MO DIRE TOR 22d ADDRES 22 PHYSICIAN'S VAH, FORT HOWARD, MARYLAND JORGE A. FABARA 36 DA SHERROF 73 NAME UP 'EM, ERY OR R MATORY 23c PLATION IN DISTORT 736 BIR & REMATION BALTIMORE HAVIONAL CEMETERY MARYLAND JNERAL DIRECTOR 255 REF TRAR HISNA RE Liberty Heights Baltimore, Md. 21207



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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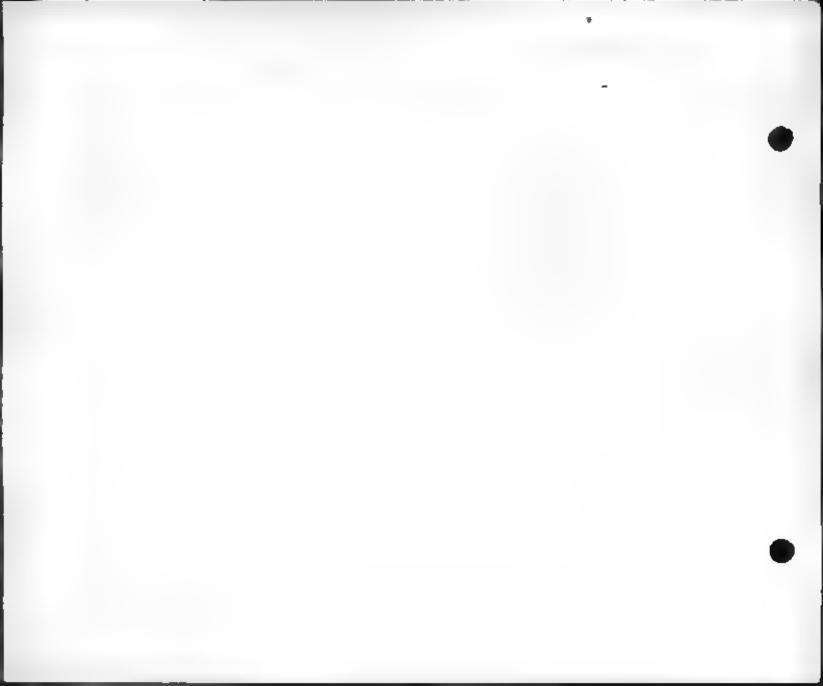
10 FUNERAL DIRECTOR After this left ricate has been signed by the offending physician and completely fulled in bywith the director page 3 shalld be detailed for use as the funciolitions tipermit. Then please remaye colour papers. Pages should be filed with the State Dept of Health pilot to built or stempthan or removal and stank within 72 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificite be executed with n. 24 hor

Page 4 may be retained by the hospital or attending physicion

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24	FUNERAL DIRECTOR SCIFFEDER	OF HILL	250. RECO B		MIRAR HONATR.



DIV SION OF VITAL RECORDS 301 W PRESTON STREET BALL MORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. JOHAL RESIDENCE When the Roser like it in PLAC OF D ATH o work it more arvland is the files to de greate an thide in a with RIRA and up on a with a R. Rey and all a government few ,] ti-n, c - NAME OF HE - BOTT NOT TOO IT IS NOTED BY STORE THE d 'R A- :R1 es instor 31vn., 21227 3376 Esharaton Blvd.#21227 1 NAME OF 4 DATE wilt mt DEC ASED OF Fatricia June DEATH Type or or 1 9 AGE 6 TO BRIJERACE NEVER MARRIE F DATE OF BUILDING MARKS J ite 21 4 Manii WIDOWIS DIVOR 141 ath Nince Portion exists a work te DOD KING IN B. ONES IN BIR MPSA. Jacob in Surging Jacksty. 7 p. 31 with T Bookkeeper OUS BY Maryland U. S. FA HIR NAM 4 MOTHER MAIDES NAME Kermit Gimmel Margaret Dowd è WE WRITE ARMS IR T INFORMANT Adv. s · 6 WILLIAM SE JR Y NO Husband Yes in miking of the growing a dote in service Same as James H. Gilbert Item 2. No IN YEAR THE R a CAUSE OF DEATH I returnly the bull per lie to lo bound ONLY AND DEATH . ulti le gunscot wounas PART JEAH WA GIST Y 9465 WHITHAT ACTE ю DUT TO 2 in it if my which gove h fits to immediate couse a C 4LC o. stating in unce ving data 8 PAR IN THE REMAINING FORCE THE THE MEDITINE TO DEATH IN THE RIT C. H. RINGAL IN AND THE MAINING WAS TAKE 4 plice Ř in I The A. WA phode 40 JOE Xui 19/ 0 81 5 F wot during assault as a rothery 5 JS: 0 44 = 20: TIME A IRY ME OF DO YE THE PLAN IN THE PROPERTY OF THE PROPERTY HOUSE White - No White rail car 🔀 ti 10°C . .. 2. I certify the ligak thatas a the temper developed above held an Aurosa IX sperin [Harmode (X) death respited from Natura auses ... de dent . no mide ande ei mined implime HIE ME'S O KOMENER . ACT. A. 22 DATE SIGNED ASS. ANT MET A YAMINER FUNERAL I June 4,11+7 EXAMINER'S erner J. wiita Address Street have a win 19. Date THEREGY. 230 NOW IN MILES IN CREMATOR a pila EIRA RAGINA at Taw Buriel 6-7-67 Parklawn Cemetery Rockville Maryland " B. s BA 68 | 1876 FUMPHREY, Bethesda, Maryland YR A SME (5) Thomas inda



MARYLAND STATE DEPARTMENT OF HEALTH Division of STAT STICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07765 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived if institution, Residence before admission PLACE OF DEATH o. CQUNTY o. STATE b. COUNTY Baltimore County b "FY OR "OWN "4 outline programe ands C ENGTH OF STAY IN B TTY OR TOWN It outside responsite irraits write RURAL and give nauras. Paren Mount Wilson 2 /2 mi Baltimore 4 NAME OF HOSPITAL OR INSTITUTION (If no in hasping give street address ON A - ARM? d STREET ADDORES. 7/0 Mount xwilson State Hospital NAME OF DATE DECEASED Ō۴ yes or print) DEATH 3 "F JINDER IF UNDER 24 HRS. 8 DATE OF BIRTH 9 AGE In years 6 DLOR OR RACE 7 MARRIED HEVER MARRIED fost about too! Manths WIDOWED IV DIVORCEO 2 (N OF WHAT OH KIND OF BUSINESS OR Ma I Sua, DCCJPATION (Give kind of work done BIRTHPLACE (Egunty' & Stute in foreign / ou - rry during mast at working life, even if retiredly NDUSTRY. Motor Freight 14 MOTHER'S MAIDEN NAME Powell 13 FATHER'S NAME XXXXXXXX S WAS DECEASED FYFR IN J. ARWED FORCES? 6 SOCIAL SETURITY NO 7 INFORMANT (Yes, no or unknown all tives give war or dates at service) perm Records, Mount Wilson State Hospital INTERVAL BETWEEN 8 CAUSE OF BEATH Fater only one cause per line for jol (b), and ONGET AND DEATH PART DEA H WAY ALKED BY Monsit MMEDIATE CAUSE 101 DUE TO burrol Conditions if any which gave rise to immediate couse (a). storing the underlying couse been s he in to R25" 9 WAS A TOPSY PART OTHER SIGNIFICANT CONDITIONS CONTRIBL'ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO PERFORMED? YFS N MO 700 ACCIDENT WAS INDER YING [265 DESCRIBE HOW MURRY OCCURRED Enter nature of injury in Part to Part II a injury is OR CONTRIBUTING] AUST OF DEATH 2) FITHER NOTIFY MEDICAL XAMINERS 20e. PLACE OF INJURY 'Home form 20f (City or fewn 20c T MF OF INJURY Month, Day Year 20al INJURY OCCURRED gunly' State1 fortory street, office bidg, air-Наш а.т White Ar work at work 9 ___ that 1 we) last 21 I certify that () (this haspita) attended the deceased from 📑 🚬 📜 sow the deceased alive an _____ 19 __, and that death occurred at _____ M from causes and an the date stated above 226 DATE IGNED 22n SIGNATURE Uwcmer DIRECTOR 22d ADDRESS NAMNIEWcomer, M.D., Superintendent Mount Wilson, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION INTO BY TOWN 236 DATE THEREOF 230 BURIAL REMATION (County) 6/19/67 Gardens of Faith Cem Baltimore. Md. Schimanek Funeral Home, Inc. Thomas you 2601 E. Madison St. 20 M



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

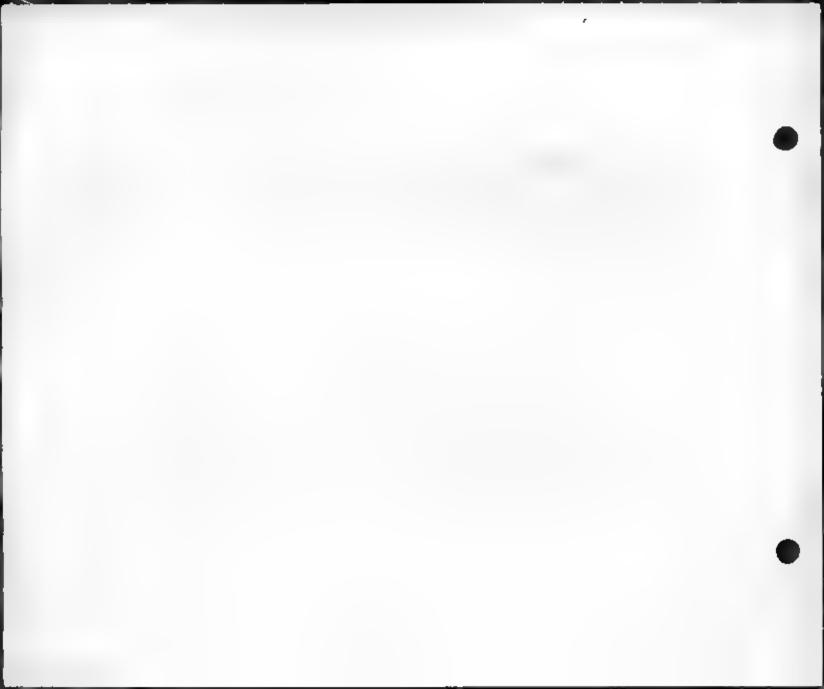
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224 PHYSICIAN'S NAME (Type		Ridon .	22d. ADDRESS Baltim	Spring Orove S	State Hospital 21228
230 BURIA, CR. MATIC REMOVAL ISOMOTY IS VIEL I				Piscatway	Lury 1 and
24 PUNERAT DIRECTO 430/3 St. 11	tobert E. Williand Road	theim Fundows Home Scitland Maryla			EGISTRARY SIGNATURE

TO FUNERAL DIRECTOR. After this certificate has been signed by the uttending physician and completely-filled in by the funeral director page 3 shall display the format permit then please remove carbon papers. Pages I and Sekald be filled with the State Dept of Near to build cremation a removal, and many sygnithming 2 hours after death

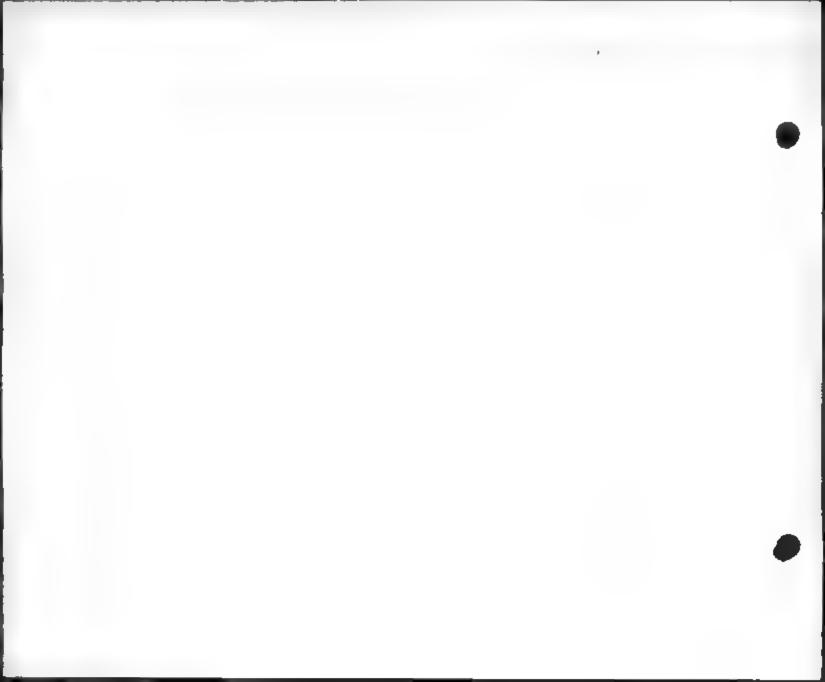
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TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed with Page 4 may be retained by the hospital or affecting physican

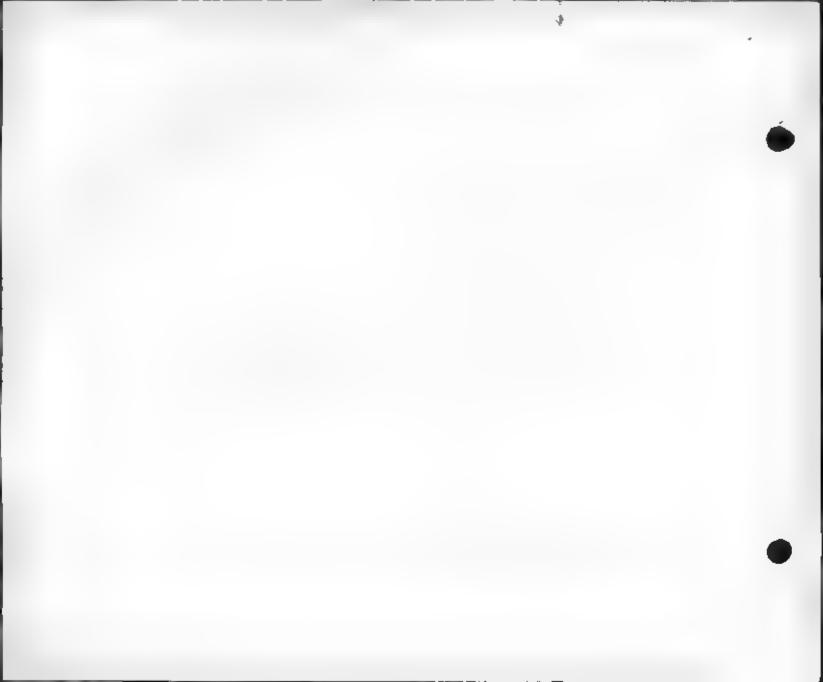
n 24 hours other death



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALT MORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE AF e decersed hand in plana Kender before iden sta Baltimore 3 to Poge aiNix 2 NOV Baltimore V IR TOWN II not de urbo ni in in write RURAS and give billion in we JR 4V5 in fiside (pripriore limit NOTH OF ALL NO Deportment rs offer de Baltimore D. O. A. Baltimore d NAME of NORPH & OR INC. C TIOS " not in hospito, give street notice is RE BOXES REF ADDRESS ON A DRM Balto. Co. Gen. Nosp. 3203 Taney Rd. tem 18. Give Pages S T Ofter death NAME OF & DATE DECEASED Joseph Glazer June 18 DEALH 67 plond B ATE THE BIRTH 9 651 II DYLIER , YEAR b C OF DE RA MARRIN' IX MAYER MARRIEL ["5'8 "hitoy Hu 115 White Male W:DOWE. DAVIOR FO PARS Golden, a wakiding BIRT IP ALF STOL loreign is into Auto Repairs 3.94 (8. 440 Baltimore, Md. U.S.A. Examine FATHER MAM 4 NY HISP MAIDEN NAME Kasirel Appna P P WE DE AUT VERTIL ARME TRIT 6 OF ALL OF UR "YING INFORMANT Addres Terms or alk town [13 og q : water the order tree] should be executed Medicol moval 217-32-8939 Barbara Glazer, 3203 Taney Rd., Balto., Md. 10 to 91 A 8 CAUS, OF DEATH Pleasing one one can please in a cod the Chief OWSET AND DEA H PART DEATH WAS CAUSED BY Coronary Artery Disease ö IMAME OF LABSE OF MO M-Ord DUE TO етатар. Conditions If one which gove 1 4 se o minediate o se ni DUE C 0 stoting the under pany base orwarded burso. 9 W/A 2 DE PER DRME 1 HD 150 g ₽ IN YERNAL A. 1 94 706 PSCRIBE HOW MAJRY of IRREL Senter colore of in many port floor of item 8 plenda ō PRIMARY [3 of JONERIBLE TING [3] Þ ā CAUSE OF DEATH none EXAMINER ä Ope Place of a URY Home form 80k Tubble it is 1887 Month Day Teor. 7D4 INJUR > 1RRE atoh. () 10 No White to tory sheet office blog att none of agilt o work 21 I certify the I took harge at the amount described above held an Autgosy Inspection X Inquity to gord in my apinion piedse exe death resulted train Natural duse Acodent Suivide 1 Hamilide. Undetermined manner eforned. CHIEF MEDICAL EXAMINER arles 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER Mov be e the tynerol DEPUTY MEDICAL XAMINER . 3 5 Caples, M. D. 6 Hanover Rd . Refsterstown, Md. 6-19-67 T 7: NAME OF CEMITERY OF TRAMATORY 730 E R SE REMATERN 23h DATE MIRITIM and POLICEION Rosuly dole. 90 RSMI VAI - pecify 13RAGL BALTO B- B-BE FUNERAL DARESTOR ADDRESS 25b REGISTRAR'S AGNATURE 25a REC'D BY REGISTRAR UR A SME IN LEWIS + SON INC GARRISON ochemilas MAG



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 97768 CERTIFICATE OF DEATH and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if in interior Revidence before admission, b 'OLN'Y Baltimore n. JOUNTY Maryland, Baltimore MARYLAND LENGTH OF JAY IN B ETY OR 'OWN It outside corporate limits write RURAL and give learness laws' b CITY OR OWN II autside rarporate limits write RURA; and give nearest lown 5 vears Towson B "S RE" DENCE ON 4 ARM d NAME OF HOSPITAL OR INSTITUTION III not to haspital, give freel address d. JTRUST ADDRESS X CM St. Joseph's Hospital 21 Linden Terrace #21204 乭 3 NAME OF Middle Los 4 DATE DECEASED Trinka to salk, Gocke DEATH June Bernard Joseph 8 DATE OF BIRTH 9 AGF 'li veors s SEX & COLOR OR RACE NEVER MARKIED MARRIED Y 3 rost birthdoxs Months Does TEMO! WIDOWED DIVORCED June 10, 1901 White Male To USUAL OCCUPATION (Give kend of wilk done THEY'RN DE WHAT 06 KIND OF BUSINES OR 1 BIRTHPLACE (County & Stote or horsign recentry) INDUSTRY LOUNTRYS during more of weeking tile levell if retired) Const. Equip. Grafton, west Virginia H.H. byer Const. Equip. Co. physici en plec avol o George IIWKKKKIVincent Gocke Lucy Agms Mattingly ₽¥ € S WAS DECTASED EVER IN U.S. ARMED . R. E. 6 JOHAL JECURITY NO 7 INFORMANT (Yes, no, or unknown) (III yes one wor or dotes of service) 212-09-2201 Mrs. M.F. Cocke nere as 2 NTERMAL BETWEEN B. CAUSE OF DEATH (Enter noty one couse per line for (a), (b) and c) tremo. ONSEL AND DEATH PART DEATH WAS LAUSED BY IMMIGRATI (AUSE (a) Acute coronary thrombosis, left coronary artery DUE 10 Conditions, if any, which gave " nse la immediate couse (a). DUE to stoling he underlying ouse. been the to PART II DTHER SIGNIFICANT CONDITIONS TOHTR BUTING TO DEATH BUT NOT RELATED OT THE TRANSAC ORDITION SIYEN N PART OF O WAS A TOPES 40 m PERFORMID YEN DE NO Coronary insufficiency ATTENDING PHYSICIAN 206 ALL JEN WAS INDERLYING TO 205 DESCRIBE HOW NULRY OCCURRED Into nature of hours in Port of Por II of fam. B. OR CONTRIBLTING CAUSE OF DEATH hed of IF THUR NEVIEW MIDDLAL XAMINIR 200 PLACE OF INJURY Home Form 20H INJURY OF TRRES Bith of fown claust 5. 20x TIME OF INJURY Month pay Year Hour om While Nor While of work I at work I Partary Irael Office bidg elv) 21 certify that by this haspital) attended the deceased Cambridge 22. 9 67 to June 29 9 67 that by two loss be retained saw the deceased alweran Time 29 19 67 and that death our red of 0.50 m tom causes and on the date stated above DIRECTOR 77p. JIGNATURE 226 DATE JONED DIRACTOR D STAN June 30, 1967 M.D. TO FUNERAL DIR director page 3 should be filled 22d ADDRESS O HOSPITAL NAME TIPE Reynaldo Orijuela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 236 DATE THER OF T 23 NAME OF CEMPTERY OR REMATORY 73d LOCATION Sup as Townt 23c SURIA CREMATION. Dularey Velley Cometery | Conkeysviller Schall Sonat Schall 3 1967 REMOVAL (Specify) Conkeysyille, Maryland 24 FUNERAL DIRECTOR Mm. Cock-Procks Towsor 1050 York Road Touson ParylandMARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARY, AND 21201 97771 MEDICAL EXAMINER'S ISUAL RESIDENCE "Where delegated her it PLACE OF DEATH o NIA MARYLAND ENITH OF AN N o It de nigrante i in white RIRA and give neutera have write Ruker BALTIMORE 7003 WARDMAN RD. & NAME OF HOSPITAL OR IN: gram hospital ote 40, NAME OF DECEASED DEATH <u>-</u> NEVER MARRIED 集 平 Month 99.95, 16797 event 54 Pann. Co is if PATION or kind it work done -05 X W "AN DE WHAT during most or working into, even if settled) COUNTRY? GASKELLE C A HER MANY 4 MC HER MA JEN NAME 9 GEORGE FORNOFF BERTHA PLO IS A THE FAST FARR IN GRAGES A LAUSE OF DEATH IS THE PART TEATH WA At 31 69 IMPAN IN cremplion, מד זעום Conditions if any which gave ase to immediate course o). DUE TO stating the underlying couse 9 WA 0 PART II DINGS SHANIFILAN' "DNDSTION" CONTRIBUTION GOOD IN BUILDING RELATED OF THE CRIMINAL DISEASE INDUING JAV. SEE TEMP? To Y ERNA: ALLIE WAL 20h DPCRIBEROW INJURY OF JRREE little paties of lighty in Port of text B PR. BRY B INTRIBUTIONS CA SEC TEACH DL TAIL , MURY Month Day Yea 20. INTURY ROKED THE THA A IN IP HIS IT Hour p.m. hottory, street office bldg Rh. While - Not White desagnoted I certify that Inspection [F] tack thatge of the ternains described above held on Alitabuy ing ily L and in my opin an the funeral director 5 may be retained to 10 FUNERAL DIRECTOI Health or its designa Natural disea. undetermined manner degth resulted from Ad ident. Sunide 22 DATE SIGNED SISTANI MEDICA: XAMINER Address Side IN NAME Type 23. NAME OF THE TREVIOR RENA HEY 236 BURIS KEMATION DATE THEREOF REVISEAL upecity: Moreland Memorial Parkville Burial 25c Rt D BY R GISTRAR 25b RootsTRAP & Sons Co. 4905 York Rd. VE A SME SIL Baltimore 12 Md.

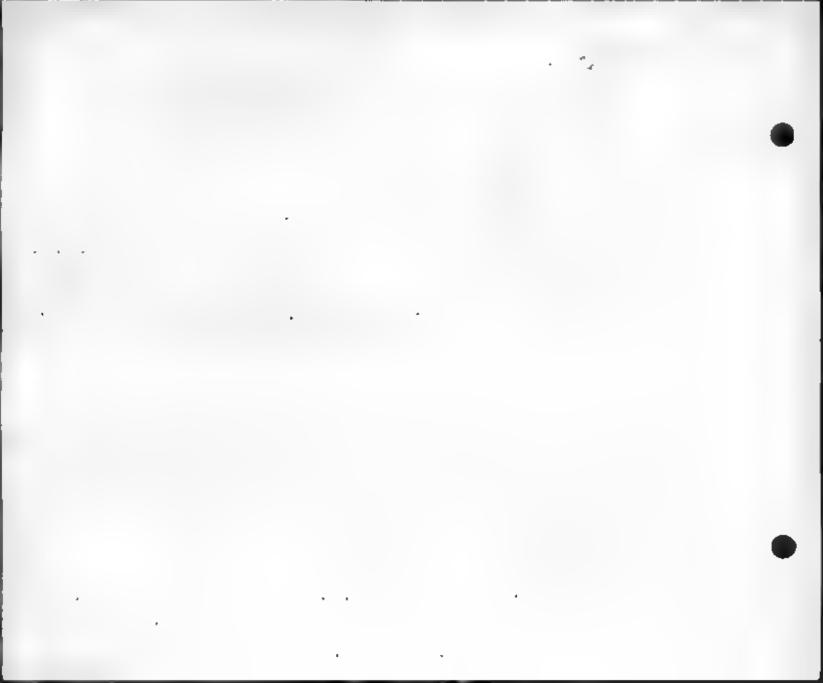
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased and if institution Residence before education) COUNTY . b. COUNTY BYWIND MARYLAND N CITY OR TOWN IT outside corporate limits ENGTH OF STAY IN 16 CITY OR TOWN of outside corporate limits, write RultAt, and give not oil few d. NAME OF HOSPITAL OR INSTITUTION IS not in hospital, give street address; 1200-Mucaina Homes YES NO DO NAME OF DECCASED OF DEATH Type or origin. 196 7 MARRIED NEVER MARRIED THE DATE OF HETH AGE HA YOUR IF UNDER LYCAR IF GINDER 24 HRS tase birthday IDOWED DIVORCED TO CTIG 1884 52 VO.
IDD XIND OF BUSINESS OF INDUSTRY BIR HPLACE BUNNY B STOLE OF TO DE COUNTY WIDOWED DET TOL USUAL OCCUPATION IS TO LINE OF WORK 17 C TIZEN OF WHA I COUNTRY done during most of warling title, even it mired! DELAWARE FRED ETCICK L') E 58/6- FREI
IS WAS DECEASED EVER IN U.S. ARMED FORCES? TO SOCIAL SECURITY NO IT INFORMANT SIGNEL FREPEFICITA Yes, no, or unknown | Myssgivewere deresalservice MRS ALMAG DENNT 7418 POPLAR 8 CAUSE OF DEATH jinter only one dayte per line for a b and ... ONSE AND L'ATM PART DEATH WAS CAUSED BY PULMONARY EDEMA 1 DAY IMMEDIATE CAUSE 4 Ob: TO ARTERIO SCLEROTIC CARDIO-VASCULAR Conditions is any which gave one to immediate ceuse. DISEASE DUF TO e stelling the underlying courts text PART II OTHER SIGNIFICANT CONDITIONS CONTRIB TING TO DEATH BUT NOT RELATED TO IN TERMINAL DISEASE CONDITION GIV'N IN PART 14 19 WAS A JEOPSY PERFORMED ARKINGSON S YES I NO PP 206 DISCRIBE HOW IN JEY OCCURFD. Enter natural of injury in Part I at Part II of them. 8 OR ONTRABLTING AUSE OF DEATH IF EITHER NOTHY MUJICAL EXAMINER 20e TIME OF INJURY Month Day Year 206 INJURY OCCURRED 204 PLACE OF INJURY Home farm. 20f. Gay or own puniy White No While factory street office blidg left Hour am. at work at work (this hospital) entended the deceased from NOV 23 1961 to CLNE 11 1967 that I I well last 19 47 and that death occurred at #20 M from the causes and on the date stated above. saw the deceased alive on NAR. 29 274 SIGNA LIKE ATT-NOING G3MK STAFF STOMED PHYS. DIRECTOR PHYS LLE ASTATIONS 27d ADDRESS 730 NAME OF CEMPTERY OR CREMATORY 334 BURIAL CREMATION MMOVAL SPECIFY LAUR



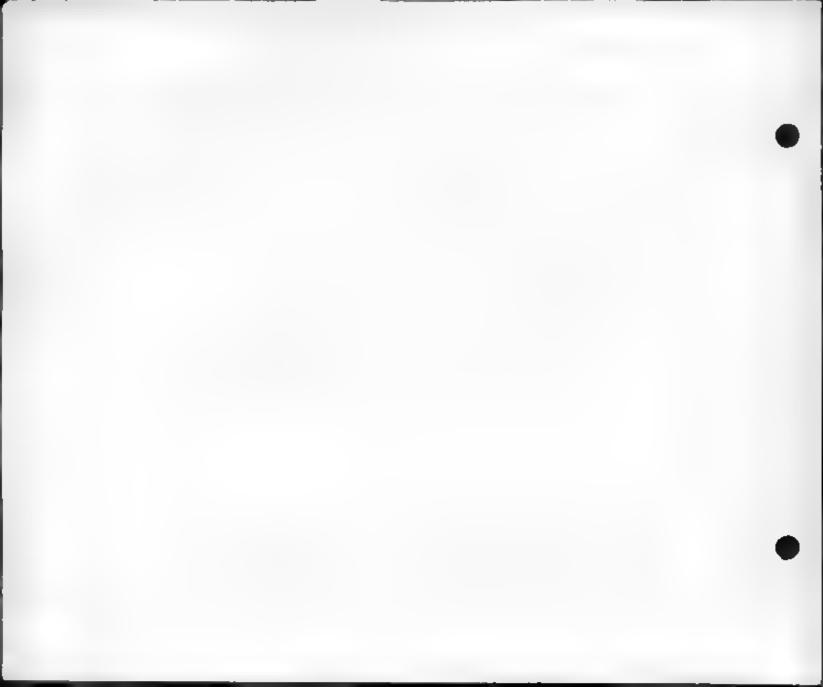
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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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292		d. NAME OF HOSP TAL OR NST TLT DN III not in hospits, give street address; d STREET ADDRESS e. IS RES SENC
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	CERTIFICAT	20s. ACCIDENT WAS UNDERLYING 7 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING 7 CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN the hospit this certi detached e Dept of		
the h the h this detac	MEDICAL	20c TIME OF NURY Month Day, Year 20d. INDURY OCCURRED 20e. PLACE OF NURY (Home, farm 20f. (Clity or town) (County) (State) Hour a.m. While Mot While (State)
	H	p.m. 29 at work at work
		21 I certify that (I) (this_hospital) attended the deceased from. 1924, to 1924, to 1924 that (I) (we) la
OR ATTEN OR ATTEN DIRECTOR- Ige 3 show		saw the deceased at ye on \(\text{in} \text{in} \) 19. \(\text{in} \) and that death occurred at \(\text{7.3} \) M, from the causes and on the date stated above 22a. Signature (22b) DATE SIGNED \(\text{7.3} \)
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O HOSPIT Page 4 m D FUNERA director should be	23	A. BUR A. CREMAT ON 230. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. MOCATION (City, town or county)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVIS ON OF VITAL RECORDS 301 W PRESTON STREET, BALTIMORE MARY AND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEARHEDEP PLACE OF BEATH JSDAY RESIDENCE Wiles in regular time in e COUNTY Maryland Baltimore Baltimore TOTAL OF A PART OF Y FR THE BEST AND IN wile 8000s include either in-Dundalk 10 yrs. Dundalk d R.S. B. WI d NAME OF HOS I A DRINGT. ON P. or in a give direct oddom. 3114 Sollers Point Road 311 Sollers Point Road Michiga. 7 NAME OF " DATE DELEASED June Edith Evelva Groves -DEATH 6 TO IR THE PAI MARRIED MEN R MARK L Was to Di Hirley Female WE A WED DIVOR- FE OB KIN OF BUILDINGS OR N IF WHAT and the state of a little of work done filling to a liwork or, ato even a chieff Pennsylvania 4 MC THER MAIDEN NAME. 3 FA HER' MANE Pearl Olive Hostuttler John L. Goodrich INFORMAN(Husband) Low Dundalk, Md. WA TON OR A ARMO OR CONTAIN SPINNING es. In miket we pithing give were a dute of herk ell Harvey J. Groves, 3111 Sollers Point Rd. 177-24-9190 8 LAUSE OF DEATH more lity one dose per nello u option _JNSt_AMP_made PAR Trafficial plant MMI " < A SE Canditions, if pay which gove) selv mired ofe oute of the e ng he sede vin, on a s PAR OTHER BALLAN' GAC ON "GALANTIAL COLA IN A RIAG" ALL SMYNA CHAMILLE 19-E 4-9 TEMP & ATRIB NO A to a special ter specific to aid to A 1 mg [] ispon to X. 2 I certify the look improve the a Natura Las es 🗷 Au ide n or and we was xam wer 22 part signed 6/3/67 SIGNATURE EXAMINER . NAME TO Melvin B. Davis Dundalk, Md. 21222 _ NAME OF MATERY OF TRIVER SE June 5-1967 Baltimore, Maryland 21224 Oak Lawn PALE DISTRICTOR P. R. TRANS JUNE K. a. Ok VP A ML 51 John J. Duda, 7922 Wise Ave. Dundalk, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BACTLMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a 09N'Y a STATE MARYLAND marc OWN if gutside aroungte limits .ENGTH OF TAY IN 16 CITY OR TOWN. If autiside corparate limits, white RURAL and give nearest rowi ywrite RURAL and give neares town) 15town ON A ARM papers d STREET ADDRESS filled in d NAME OF HOSPITAL OR INSTIT TION in not in, hospital give street address) Within carbon NAME OF DATE Month Ďav and completely DECEASED 19 60 Day event Type or photi-DEATM YEAR AGE to vece JE Jh DER FUNDER DE NRY SEX 6 (U.DR OR RAC) 7 MARRIED NEVER MARRIED 8 "MATH OF BURNEY POTTALVE ogthoday. Month Days Hours Min WIDOWED DIVOR TED 106. KIND OF BUSINESS OR 2 CITIZER OF WHAT KOUT TRY piease during monupowers time the level it refined). COUNTRY physician certiti . Ote Barber 늄 3 FAIRER'S NAME 14. MOTHER'S MAIDEN HAME removal attending WA THE WIED EVER IN . ARMED - IRCEY INFORMANT TO SO! AL SEE RITY NO the death permit Vas. not might own. If I yes give wor or dates of service I ... ь INTERVAL BETWEEN CAUSE OF DEATH (Enter only one dure per time for .a) 16emat trons, ON IT AND DEATH PART DEATH WAS AUSED BY ures that IMMEDIATE JAUSE TO à attending physician paubis burial burial Conditions from which gove dist nse a immediate ause di-DUE TO cloting the underlying duse e 2 has been 1051 6 9 WAS ALTOPS: PERFORMED? PART II OTHER DIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUILING THE RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART INC. YFS T 17 , 18 . 2 NO 1 1 1 1 this certifiinate 700 AT TOEN" WAS INDERTITING . 20's DESCRIBE HOW INJURY OCCURRED. LEnter nature or involve to Port or Port II of Hem. 8 the haspital OR JOH RIBUTING JCAUSE OF DEATH tached Dept al (IF EITHER NOTIFY MEDICAL EXAMPHER) Dept 204 INJURY OF CURRED 20s PLACE OF HIBRY Home form 20c T ME OF IN 10RY Month, Day Year (City or town) Hounty (Stote) Hour ours Not White factory, street, office bldg. etc.] ALTENDING at work 🔲 gt work 許 that (I) (we) ast 21 | certify that | (this hospital) attended the deceased from be retained and that debth accurred at M from couses and on the date stated above TO FUNERAL DIRECTOR saw the deceased alive an 270. SIGNATURE 226 DATH MIGNED STAFF ATTENDING DIRECTOR 22d ADDRESS 22) PHYSICIAN'S 9 NAME (Type) Milton Schleneff 11 / directo NAME OF CEMETERY OR CREMATORY 236 10CATION (City or lown) 23a BURIAL CREMATION 236 DATE THERMOR (County) (Store PHMOYAL Specify] 256 PEGISTRAR'S SEMATURE FUNCRAL DIRECTOR 250 REUD BY REGISTRAR tiones

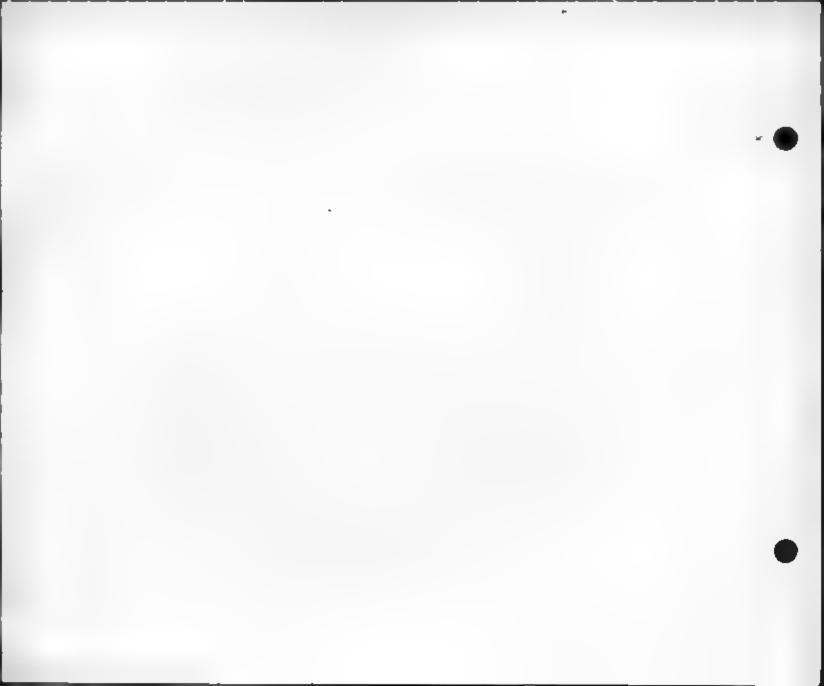




MARYLAND STATE DEPARTMENT OF HEALTH Division of STAT-STICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if instit "un Residence before admission) PLACE OF DEATH D. COUNTY FZ o STATE le coulette MARYLAND 6 , 14 7 h TITY OR THINN If on ude corporate limits ENGTH OF STAY IN IN CITY OR TOWN. It autside torparate limits, write RURA; and give nectest town write RURA; and give leares, fown, ESSEX ESSEX tyled in 4 NAM OF HOSPI ALOR INS TITION If not in hospital, give street address d STREET ADDRESS SDENS! ON A FORM RENERE TES [] NO ave carban NAME OF Middle 4 DATE Mooth Day (ompretely DEC ASED , HITTLERMAN Abs or Direct. DEATH A DLOR OR RAIL MARRIED B DATE O BIRTH 9 AGF In year IF UNDER 1 YEAR LIFT MORR 24 HRS 中 MEVER MARRIED tost birthdrick Months Dows DIVORGED WIDOWED Fel B JOB KIND OF RUSINESS OR IOn IS IA OL. IPARION give kind of work done BIRTHPLike aunity & rate or foreign rountry). 12 THIZEN DE WHAT COUNTRY? during most all working life, even if retired) INDUSTRY physician OHIO MARTINS 3. FATHER'S NAME 14 MOTHER'S MAIDEN RAME MI THERMAN IS WAS DICEASED FYFR IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no. or unknown) (If yes give wor or dates of service) INTERVAL RETWOEN R. CAUSE OF DEATH. Finish only one rouse per line for the PART I DEATH WAS CAUSED BY OKS T AND DEA H IMMEDIATE CAUSE (b) b bargas burial tends on it any which gove ins to mmediate a six o stating the under vino buse 4nst 19 WA- A- TOPS* PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ONDITION GIVEN IN PART TO NO 206 ARRIGENT WAS INDERLYING . 205 DESCRIBE HOW INJURY OCH IRRED (Enter notone of injury in Port I or Port 1 of Item B. OR CONTRIBUTING ID CAUS OF DEATH THE EITHER NOTHEY MEDICAL EXAMINERS 201 TIME OF INJURY Month Doy Year AND INJURY OF TRRED 20s PLAY OF INJURY Home form (Liefy of fawer) County (State) Наиг оль While at work at work factory, street, office bidg, etc.) Poge 4 may be retained by 21 | certify that 1 (this haspital) attended the deceased from hot In. ___, and that death accurred at M from causes and on the date stated above FUNERAL DIRECTOR: saw the deceased of ve on 276 SIGNATURE 226 DATE SIGNED STAFF DIRECTOR 22d. ADDRESS 8 5 230 BURIAL REMATION. 23b DATE THEREOF 23) NAM OF COMETERY OF TRAMATORY (County) REMOVAL Specifyl Ç., 2 24 FUNERAL DIRECTOR ADDRESS. 250 REC'D BY REGIS RAR 25b REGISTRAR'S JONAL IRE VR A 5 (4)"

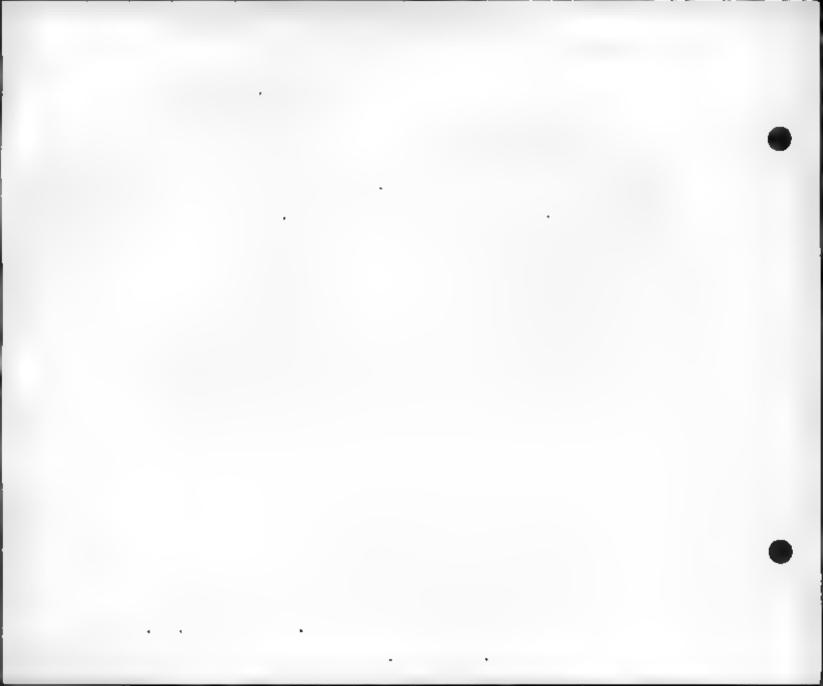
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH eral d 2 and 2 death. PLACE OF DEAT USIDAL RES BENCE (Where deceased lived, I institution. Residence before admission) b. COUNTY a. STATE Baltimore Maryland MARYLAND Pages urs aft b C TY OR FOWN (if outside corporate imits, write BURAL and give nearest town filted in by papers Page 72 hours a C LENGTH OF STAY IN 15 a CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 12 yrs Baltimore 21,221 d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS TS RESIDENCE ON A FARM? St. Josephs Hospital 714 Dorsey NeD : bor p NUMBER OF First Middle ⊾ās† BATE Month Year DECEASED e remove carl (Type or print MAZY HALVEY DEATH June 19 67 executed 5. COLOR OF RACE | 7 MARR ED K DATE OF B RTH AGE (In years) FUNDER 1 YEAR HE UNDER 24 HRS. NEVER MARRIED ! lest birthday) Months Davs female white. WIDOWED [MYORCEO [January 20, 1921 g physician and presse Proval, and fit. Da USUAL OCCUPATION (Clys kind of work done 10b K ND OF BUSINESS OR 11. B RT NPLACE (County & State, or foreign country) | 12. C TIZEN OF WHAT during most of working ite even if retired) NDUSTRY COLNTAY? 12 PATOR AND Golway, Ireland 13. FATHER'S NAME The The ren 15 WAS DECEASED EVER 'NU S. ARMED FORCES" 15. SOC AL SECUR TYNO. INFOMMEN' Address b Yes, no, or unknown) If we bire war or dates of service: perm 109 .8. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY MMED ATE CAUSE at Subarachnoid hemorrhage been signed by the by its transformation or to burial, cre Ruptured aneurysm of the middle cerebral artery Conditions, 1 any, which gave rise to ammediate DUE TO cause (a), stating the Ъ underlying cause lest has as PART I OTHERS ON F CANTICONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS VEN IN PART (a) in this certificate his detached for use a WAS AUTOPSY PERFORMED' Myocardial infarction, acute YES IC NO [PHYSICIAN, T the hosp tal o h.L. 203 ACCIPOENT WAS UNDTRLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOT FY MEDICAL EXAMINER)) 20b. DESCR BE HOW HOURY OCCURRED, renter nature of injury in Part of Part 1 of Hem 18., 20c | ME OF INJURY Month, Day Year 20d. NJURY OCCURRED 20e. PLACE OF NJURY (Nome, IRIM, 20F. (Gity or town) (County) factory street, office bidg . etc.) Should be duth the State RED While Not Whee at work at work etained 1967 to June 8 21 I certify that (I) (this hosp tall attended the deceased from Hay . 19 67 . that ID (well last RECTOR. B 3 shows d with the saw the deceased a ve on June 8 19 67 and that death occurred a 5:45 M, from the causes and on the date stated above. 22a. SIGNATURE V 22b DATE SIGNED 200 pa ATTENDING -DIRECTOR TO FUNERAL D É 22c PHYSIC AN'S ADDRESS NAME (Type) 7620 York Rd. Belto. 21204 w) Juana S. Cockburn, M.D. TO. Page Page 1 236. NAME OF CEMETERY OR CREMATORY HUNIAL CREMATION., 23b. DATE THEREOF LOCAT ON (City, town or county) 1 23d. (State) REMOVAL (Specify) FUNERAL DIRECTOR REG STRAR'S SIGNATURE REC'D BY REG STRAP 25b. VR A15 14 50 A S 20M

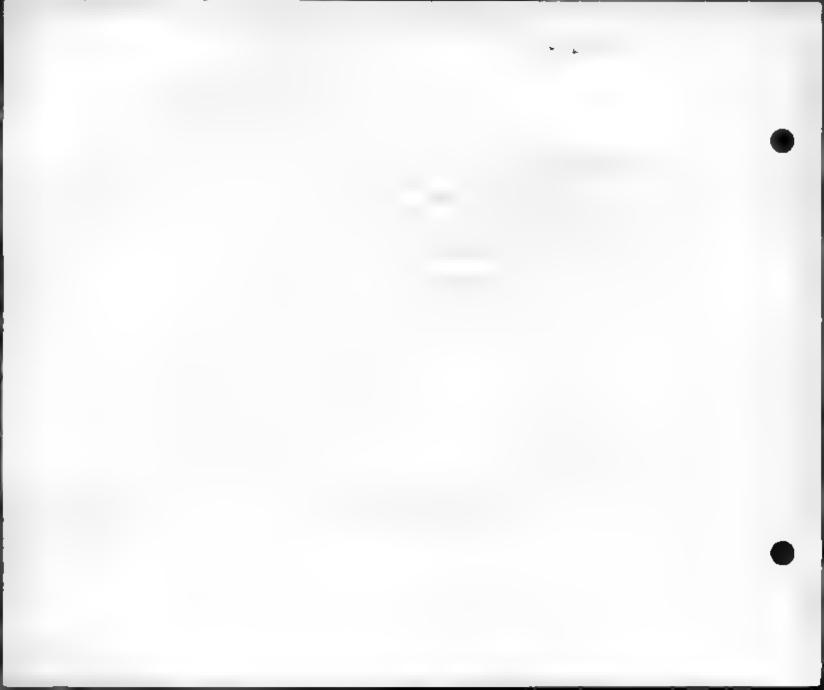




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO KOSPITAL OR ATTENDING PHYSICIAN. The iting requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the haspital or aftending physician. TO FUNERAL DIRECTOR After this certificals has been signed by the afterding physician and completely filled in by the direct page 3 should be detribled for the bit without, permit from please remays carbon papers. Pagishauld be filled with the State Dept at Health prioritalburial, cremation or removal, and in any event within 72 hours. VR A 5 49 25M 1 67



MARYLAND STATE DEPARTMENT OF HEALTH

07781

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death, certificate be executed within 24 hours offer death TO FUNERAL DIRECTOR After this year in one has been signed by the attending physician and completely filled in by the director page 3 shall did be detained for use us the bir or tions, permit, then prefer in have calbon papers. Page should be led with the State Dept. of their thorat or burnet on or removal, and sugar within 72 hours on director page 3 shall dibe defarhed for use usite billion propsit permit if then by showed be illed with the State Dept. of thealth prior to buriol it remait an arremovality. Page 4 may be retained by the hospital or attending physican VR A15 41 2544 1 67



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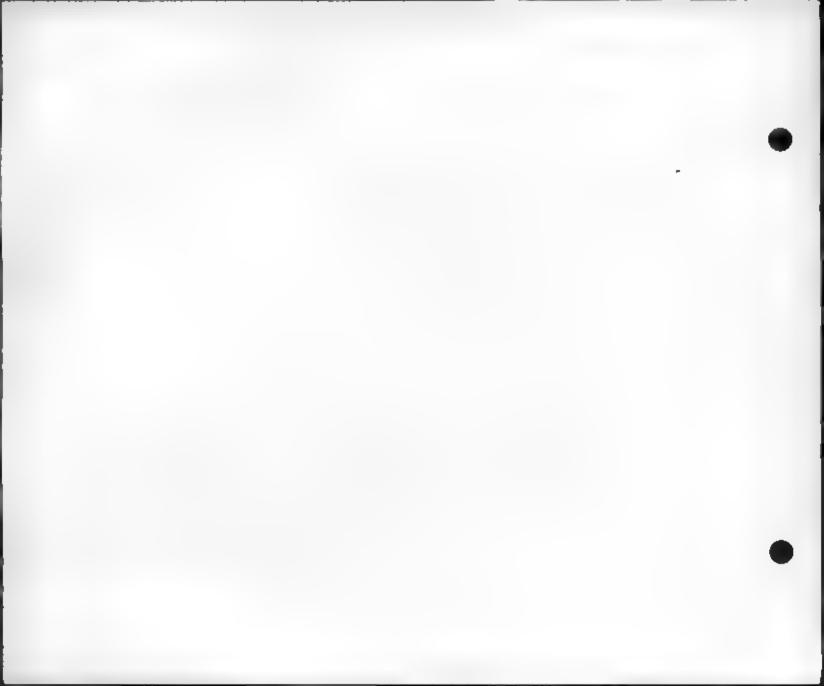
MARYLAND STATE DEPARTMENT OF MEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07783 CERTIFICATE and 2 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission PLACE OF DEATH o (OUNTY) OUNTY Ill autside topprote half write RURA onorgive necest lown MARYIAND. 虫 b CITY OR TOWN 'If harside LINGTH OF STAY IN IN CITY OR TOWN d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give linear address IS RESIDENCE MEDICAL EN/AR NAME OF Middle 4 BATE 1204 Month campielely taye carbon DECEASED QF. Type of afint's DEATH YLAR 6 DITTE OF RALL 7 MARRIED NEVER MARRIED DOVS Hou WIDOWED DIVORGED JOB KIND OF BUSINESS OR 2 OT 21 N OF WHAT INDUSTRY during most-phworking life. even if retired). COUNTRY physician the death certificate FA HER > NAME WAS DECEASED EVER IN L.S. ARMED -ORCEST Address 16. SOCIAL SECURITY MO 17 INFORMANT Ves no or inknown (If yes give wor or date: of lervice NIFRYAL BUTYVELL 8 CAUSE OF DEATH (finish only line rouse per line for p PART I DEATH WAS AUSED BY MOST AND DEATH IMMEDIATE CAUSE 40. à DEJE TO Conditions, honey which gove nse to inimediate duse on DUE TO storing the underlying couse 1011 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELACED TO THE TERMINAL DISEASE OXIDITION SIZEN IN PART OF 9 WAY A FRY 103 PERFORMED. Nu OR ATTENDING PHYSICIAN 206 AT DENT WAS JEDERLYING TO 206 DEN, RIBL HOW INDURY OCCURRED "Enter nature of injury in Part for Part III of Irem 8 OR ONTRIBUTING DEAUSE DE DEATH (# EITHER, MOTIFY MEDICAL EXAMINER) 37 20d INJURY OCCURR OF 20e PLACE OF INJURY Home form MIT OF INTURY Month Boy Year It by in flowing 9 herdy Yhore. Hour p.m. Epitpry street office bldg at-White No Work 21 I certify that (1) this haspital griterided the deceased from be retained and that death accurred of 235 F2M. from causes and on the date states above saw the deceased of ve on D-RECTOR 220. SIGNA, JEE-726 DAT ISNEE M D PHYS DIRECTOR PHYS 228 ADDR 55 221 PHYSIC AN'S O HOSPITAL TO FUNERAL NAME TYDE director show dit Page REMADION SWELCON DIRECTOR 25M

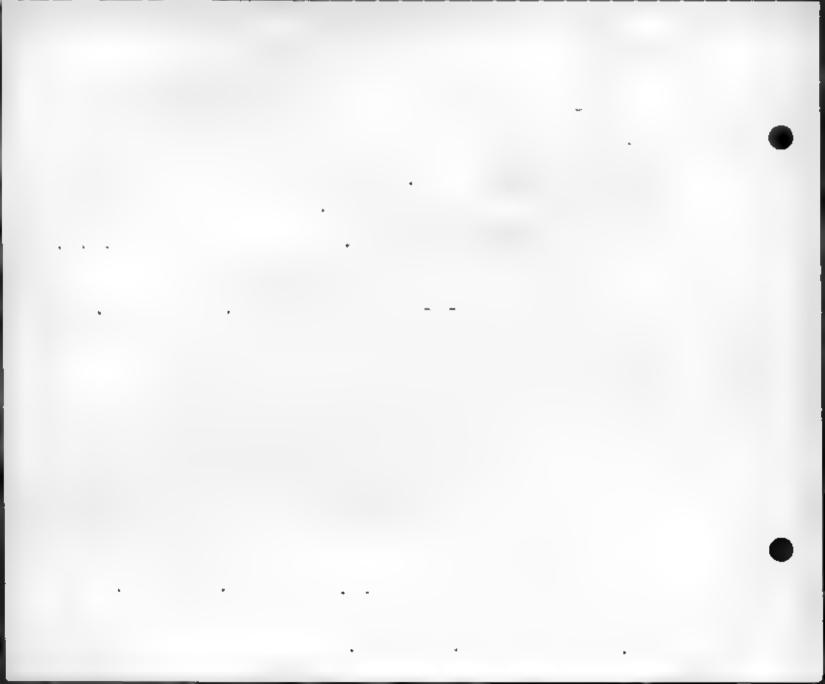


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 77784 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of install notification). Residence hetere admission. deo a. OdNiy B TOUNTY Baltimore MARYLAND Maryland 6 100 10 MN If outside arparate limits FROM OF JUAY IN B CITY DR TOWN It autiside rappoints limits, white RURAL and give nearest town. write RURAL and give hearest town Baltimore 21205 d STREET ADDRESS. d. NAME OF HOSPITAL OR INSTITUTION 18 not in havoiral, give lireet oddress. e IS REPUTING DN A FARM St. Joseph Hospital 823 N. Luzerne Ave. NE IX ficate be executed with 3. NAME DE Middle 4 DATE First Month Preily **OECEASED** Sophie HEROLD (Type or prof) DEATH June IF INDIX 24 HXS 6 JD DR DR RAF & DATE O BIRTH 9 AGE II Vegri If _ NOER 7 MARRIED NEVER MARRIED Jose bythday Female White WIDOWED DIVDREED E.J Do USUAL OF JPATIDA Corresinad or work done 05 KIND O BUSINESS DR BIRTHPLAY (County & urate or foreign rountry) TIN DE WHAT COUNTRY USA Then please during not of working life even if retrieds INDUS RY Czechoslovakia Homemaker THE MOTHER'S MARREN MAME 13. EATHER'S NAME INFORMANT WA DECHASES FOR INC. ARMED FOR TH 6 SOCIA SECURITY ND address. ITes, no_or ank hown) [Iff yes give war at dates of service] 0503) 8 CAUSE OF BEATH (Fine noisy one course per line rou of 'b and NEERVAL BETWEEN PART DEATH WA. A SID BY ONSE AND DEATH Congestive heart failure IMMEDIALE CAUSE CO DUE 10 Signed burid t and drank it only which gave Arteriosclerotic heart disease use o mmediale quie o; DUE TO stating the underlying ause loss PART II. D'HER SIGNIFICANT CONDITIONS LONIRIBLEING O DIATH BUILNOT RELATID TO THE FERMINAL DISLASE FOND: YOU IVEN IN PART PARTIDALAW PI PERFORMED? HD X 20s A. IDEN: WAS UNDER-YING D 20b DESCRIBE HOW HOURY DURINGED "Enter nature of many in Part of Part III of ite - B OR FONTRIBLING TO CAUSE OF DEATH "I THER NOTEY MEDILA: EXAMINERS 202 NR RY OF TRRIC 20s PLAC OF INDICA SERVE THE 201 T Mr DF INJUSY Month Dolactory street, office bidg, etc.) ATTENDING at work 2 I certify that A (this hospital attended the deceased from June 24. 9 67 to June 29. be relained 1967 and the dea hioscurred a \$155AM, from causes and an the date stated above. saw the deceased a ive an TO FUNERAL DIRECTOR 220 JIGNA JRE 22h DATE SHAND June 29, 1967 PHYS DIRE. DR PHYS O HOSPITAL Ramon P. Lopez. York Rd. . Towson. Md. 21204 director should b 230 E IRIAL REMAION. MAME D. CEMETERY DR. REMAIDSY 23d Dr. A TON Trity or Town. DURIG 256 PECISTRARY SIGNABLES MINERAL DIRECTOR 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07785 rs ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived 3 institution Residence betale indringren) o FOUNTY o. SIAI Mary Land Baltimore Baltimore MARYLAND. b fift OR TOWN If outwee responde limits. CITY OR TOWN III outside corporate limits, write RURA, and give necresi lowin LENGTH OF STAY IN B write RGRAL and give nearest town HURAL Baltimore RI RAL POINT PROME HOUSE BY A STREET ORDERS IN THE PROMETE STREET ORDERS I d STREET ADDRESS IS RETIDENCE ON A ARM. 1645 Pole's Road 21221 1645 Pole's Road ... 20 hi 13 NAME OF Maddle Orbon 4 DATE DECFASED HERSOM June 15 1967 R II Type at print DEATH Pyent. executed dwo SEX. IF UNDER YEAR 5 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9 AGE ("n years II UNDER 24 HRS 7 MARRIED OVE Months tost birthday Jan.29, 1919 female white DIVORCED Bo "SuAi OSCJPATION "Give kind of work done DIS KIND OF BUSINESS OR 2 / TIZEN OF WHAT BIRTHPLACE (County & State or foresign country during max of whiking life even if retried INDUSTRY COUNTRY physician en please HSA Balti mre, Ed. the death conhincate housewife 3 FATHER'S NAME 4 MOTHER'S MAIDEN NAME John Callinan Ida Brill 975 WAS DECEASED EVER IN J.J. ARMED FORCES? 6 JOCIAL SECURITY NO. 17 INFORMANT Address Mas no or unknown; it was give war or dates at service 215-03-5256 Harold Hersom...16.5 Pole's Rd....21 Do NETRVAL BETWEEN 8. CAUSE OF DEATH (Fate large one cause per line for (a), (b), and (PART DEATH WAY CAUSED BY ONSE AND DEATH UNIMEDIATE CAUSE (a) berial. Conditions if any which gave ase a samediate rouse (o). **DUE TO** stoting the underlying cause 19 7/A AUT IPSY OTHER JIGNERCANT CONDITIONS CONTRIBUTING TO DEATH ALT HOT RELATED TO THE FERMINA, DISEASE ONDITION GIVEN IN PART OF PER DRAMED Ä NG 70a AZZIMENI WAS INDERSYING [1] 205 DESCRIBE HOW INJURY OCCURRED (toke nature of rejury to Port of Port () of Nem 8 OR CONTRIBUTING !] CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 렆 20) Table OF INITIR' Murch Day Year 20d INJURY OF CURRED 20e PLACE OF INJURY (Home form. T 20f If it's or rown (County) (Stote) Hour am Not While factory street office bldg, en HOSPITAL OR ATTENDING athwork La offended the deleased from acres 1966 10 2' | certify that (this hasaile une 9 and hat death accurred at 10:148 Most ouses and an the date stated above saw the deceased arive an FUNERAL DIRECTOR 22g JGHATUM DIRECTOR The Johns Hopkins Hospital, Balto., Ad 77. PHYSICIAN'S director should b 23: NAME OF JEMPTERY OR RUMATORY 23d OCATION (City or Town 23o RURIAL PEMAJAON 23h DATE INERFOR REMOVAL Specifys 1967 Baltimore National Faltimore, Maryland 2 250. REC'D BY REGISTRAR 256 REGI TRAP SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc...Baltimore, id.,... 11.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR After this certitions been signed by the offending physical and completely filled in by the funeral director page 3 signed be deto had for use as the bund-knowl permit. Their please remove carbon papers. Pagetty and 2 should be filled with the state Dept of Nea th pilot to burief, cremotion or emove, and nony event within 72 hours offset diath. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificite be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physician VR A15 (4) 25M - 67



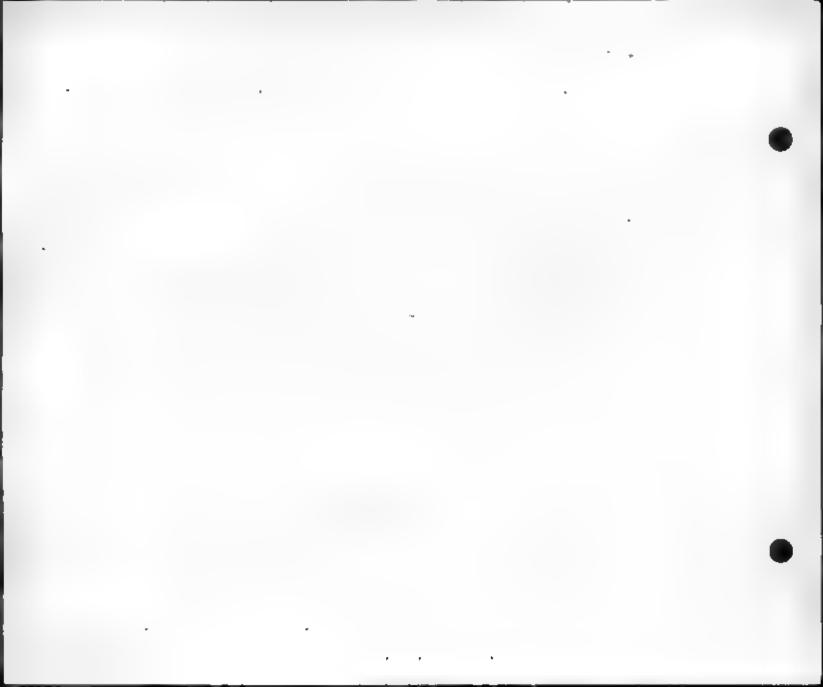
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TO HOSPITAL OR ATTENDING PHYSICIAN. The faw requires that the death rentificate be executed within 24 hours often death

Page 4 may be retained by the haspital or attending physician

97789 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution, Residence before admission n TOUNTY b. COUNTY ANALEYO AVED 6 CITY OR TOWN II autuale organore limits LENGTH OF STAY IN B TTY OR TOWN (If autside corporate limits, write RURA), and give nearest rown, write RURA: and give neare a town) Towson it NAME OF HOSPITAL OR INSTITUTION (It no: in haspital, give street address) IS REGIOENCE ON A FARMS d STREET ADORESS 33 Acorn Circle 33 Acorn Circle NAME OF 4 DATE Middle DECEASED Hobbs 6/22/67 DEATH 5 SFX 7 MARRIED MEYER MARRIED B DAIE OF BIRTH AGE in vents log lyrthday Months 3/11/1884 WIDOWED DIVURCED 8 10a ISUAL COUJPATION (Give kind of work done 106 KIND OF BUSINESS OR 1' BIRTHPLA: (County & State or foreign country) OUNID .S.A. duning mass of working life even if retired)
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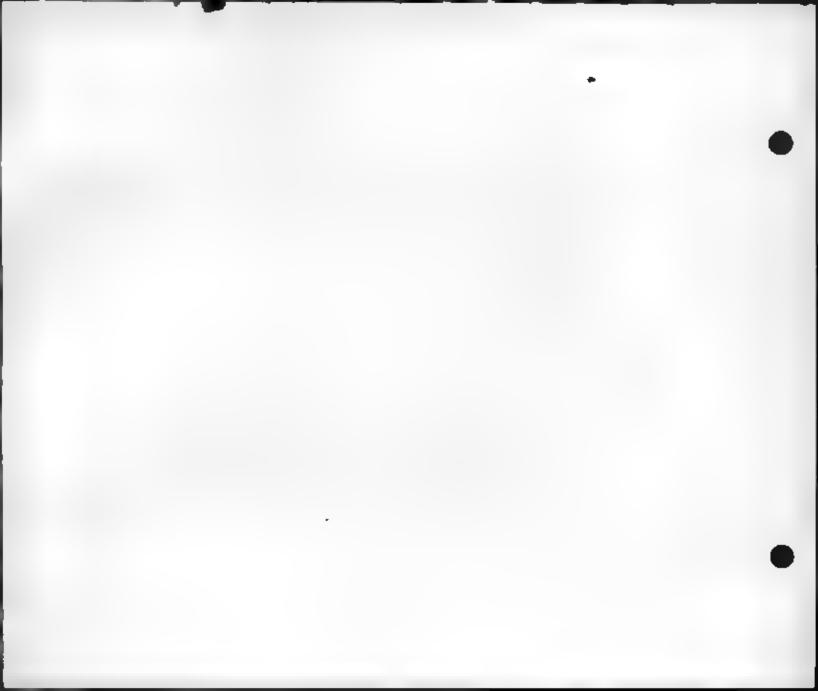
O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, 4 institution. Residence before admission o (OUNTY D COUNTY Baltimore Baltimore Maryland b CITY DR TOWN IF study ofparate limit LENGTH OF STAY N & CITY OR TOWN If outside propriete limits, write RURA, and give necrest town. write RURAL and give nearest fown. Baltimore, Maryland 7 Weeks Baltimore d. JTREET ADDRESS. d. NAME OF HOSPIFAL OR INSTERNION. If not in historial give street address # 15 RIT DENCE THE A FARMS 2916 Erdman Avenue Greater Baltimore Medical Center hь NAME OF 4 DATE Middle Manth completery DECEASED ELIZABETH **NMN** HORSEY June eyent DEATH 8 B DATE OF BIRTH 9 AGE In Years 6 COLOR OR RACE IF JNOER YEAR IF JINDER 24 HRS MARRIED | NEVER MARRIED ond comp P birthdov May 21, 1896 200 Female Caucasion WIDOWAD K DIVORCED to Suar OSCUPATION. Give kind of work done DIS KIND OF BUSINESS OR BIRTHPLACE (Lounty & State or Integer Dunity 2 KT JEN DE WHAT dimpagrage salwork in life even it retired. NOUS TRY COUNTRY 1 USA Baltimore, Maryland 3 7 Fee 2 13. FATHER'S NAME AL MOTHER'S MADDEN YLAMI Thrue Hogert McGeeney, Andrew WA DI ASLUFVER IN J. ARMIN TORCEN? INFORMANT 6 SOKIAL A JRITY NO 4ddress Nes no prunknown) (If yes give wat or dates of service) Patient's Chart 218 03 6760 by the offer ransit perm cremotion, (No MYERYAL BETWIEN B. CAUSE OF DEATH "Enter only one couse per line for on "b" and ONSE AND DEATH PART DEATH WAS AURED BY IMMEDIA CAUSE to Primary carcinoma of Liver (Cholangioma), with -OUT-10 - Metastases. Conditions, If any, which gove to nia o mmedio a ouse o) DUI 10 stating the underlying cause. 0 9 OTHER SIGNIFICANT ONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART 100 4 WA, 4670FS & PERFURMED? this retificate to detoched for usa te Dept of Healt YEL K ND 20- A. IOSNI WAS KISRIYING . 206 DESCRIBE HOW INJURY OCCURRED feater nature of shure in Part, or Part of Johnson, B OR CONTRIBUTING ET CAUSE OF BEATH (I) EPTHER MOTHY MEDICAL EXAMINARY 2 20e PLACE OF INJURY Home form 20) TiME 37 INK RY Month Day Year 20d HUBBY OCCURRED By prinner OURSE! Nor While Fortary street, office bldg. etc. White Not While 9 57 g June 22, 19 57 that/1/1 we) last 2) I certify that (b) this haspitall at ended the deceased from May 3. low the deceased give on. June 22. 9 67 and that death occurred of : 30A M from a ses and on the date stared above DIRECTOR 270 SIGNATURE 22b DATE SIGNED 6/22/67 ALD. DVRS DR 22th ADDRESS O HOSPITAL O FUNERAL Greater Baltimore Medical Center NAMI YES John E. Adams, M.D. d- ector 73. NAME OF CEMETERY OF CREMATORY 236 DATE THEREOF 23d. + OCATION (City or Forwal) 730 bilRiot REMA ION. (County) REMIDIVAL (Specify) At AMORRAL WALLACON 250 REI D BY RESISTRAR 24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH USUAL RESIDENCE Where deceased lived, of institution. Residence before admission) B. COUNTY b. COUNTY a STATE filled in by the to papers Pages 1 vin 72 hours after paltimore
b CTV OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Baltimore MARYLAND C. CITY OR TOWN IN outside corporate imits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Years Cockevsville Cockeysville U. IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 10615 York Road YES ND 10615 York Road completely to the perbon program eyent, within within DATE 3. NAME OF Year First Middle Month DECEASED DF 1967 June 7. (*ype or print) James Vernon Hottes DEATH death certificate be executed 8. COLOR OR RACE | 7 MARR ED | AGE (In years IF UNDER 1 YEAR HE UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday? Months , Days and cr Hours WIDOWED DIVORCED F White July 18. 1900 66 Male CIT ZEN OF WHAT 10s. USUAL DCCUPATION (Give kind of work done) LOD. KIND DF BUS NESS OR 11. BIRTHPLACE (County & State, or foreign country) the attending physicial I permit Then please alton, or removal, and ve during most of working tile, even if refired) NOUSTRY COUNTRY? Printer Baltimore, Maryland U.S.A 13. FATHER'S NAME MOTHER'S MATOEN NAME George Hottes Katerine McDonnell 15 WAS DECEASED EVER NJ 3 ARMED FORCES? 16. SOCIAL SECURITYND INFORMANT. Address 17 Yes, no, or unknown) [fiyes bire war or dates of samice) No 212-07-3603A Mr. James V. Hottes 10615 York Rd 16. CAUSE OF DEATH [Enter only one cause pty line for (a), (b), and 'c). INTERVAL BETWEEN ONSET AND DEATH cremato, à PART ». DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). or attending physician. Signed been signed the burnal or DUE TO Conditions, if any which (6) gave gion to immediate DUE TO cause (e), stating the underlying cause ast X PART I DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? CAT NO [s Ct. ZOB. ACCIDENT WAS UNDERLY 'NG THE CONTR BUTING THE CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW MIDRY OCCURRED. (Enter nature of Mikry in Part 1 or Part 1 of Hem 16.) PAYSICIAN; 졍 2Dc. TIME OF INJURY Month, Day, Year | 2Dd. INJURY OCCURRED | 2De PLACE OF INJURY (Home, Iarm, (State) 201. (City or town) (County) should be de factory, street, office bidg., etc.) Hour a.m. Not While 皇 While ā ATTENDING ē.m. at work at work retained 21 I certify that (1) (this hospital) attended the deceased from. 3 shour with the and that death occurred at 17 A.M. from the causes and on the date stated above. saw the deceased aline on 228. S GNATURE Page 4 may be of FUNERAL DIRECTOR, page 3 should be filed w 5 ATTENDING PHYS MED. M.D D RECTOR PHYS PHYSICIAN'S NAME Type) 22¢ 224. ADDRES director, p 23a. BURIAL, CREMAT DN, REMOVAL (Specify) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Q. Sparks, Maryland Cometery B_{uc} = 31258. REC'D BY REGISTRANT 25ETCHECISTRAN'S SIGNATURE FUNERAL BIRECTOR Wm. Cook-Brooks Towson 1050 York Rd. 21204 VR A 5 (4) 20M /65



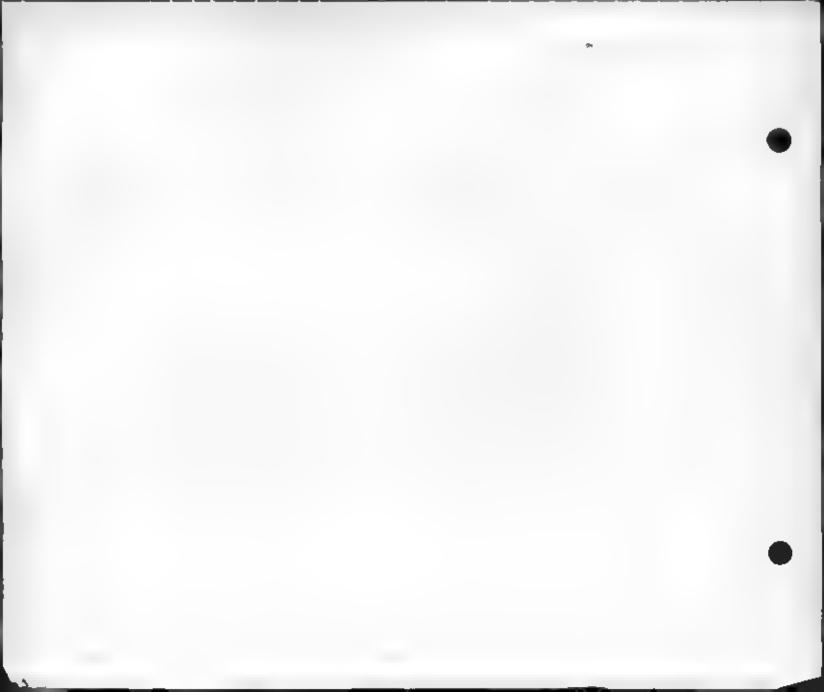
DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE. MARYLAND 21201

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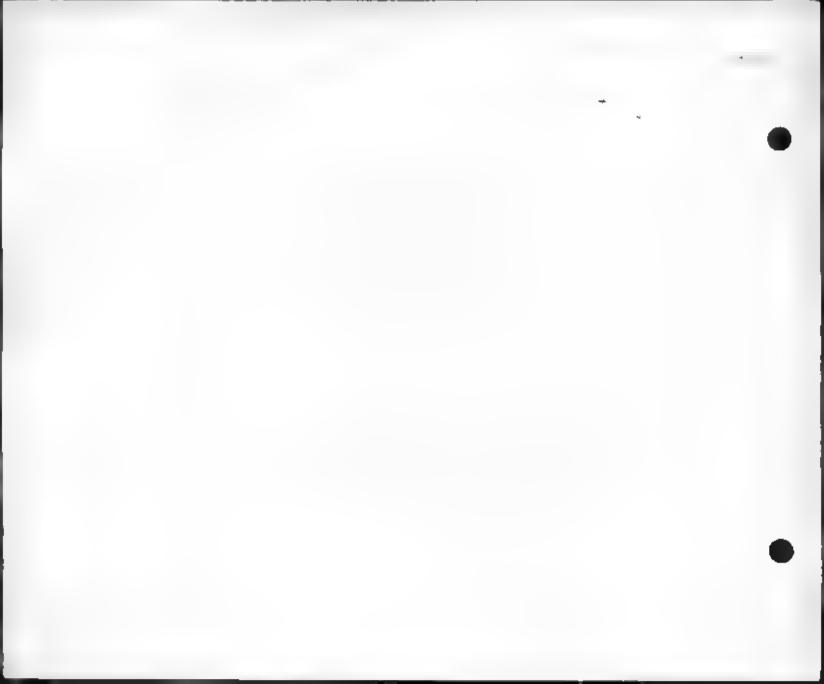
m24 hours ofter death TO FUNERAL DIRECTOR After this restricted has been signed by the attending physician and computery. Med in by the indirects pages 3 should be detained for use as the buildings, permit than piecse remove random pages. Pages, should be filled with the state Depth of Health prior to build, a end to remove and in any event. Within 72 hours off TO MOSPITAL OR ATTENDING PMYSKCIAN. The law requires that the death certificate be exeruted. Page 4 may be retained by the houpt of amending physician.

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PLACE OF DEATH 7 USDA1 RESIDENCE (Where deceased lived if institution Residence before admission, o county altimore F COUNTY -C TY OR TOWY (If an independent limits, write RBRA) and give necrest town b ITY OR TOWN It conside proparate ismits Mt. Wilson MALMERS VILLE d MANNE OF HOSPITAL OR INST TI. ION If not in hospital give street addresse Mt. Wilson State Hospital 3 NAME OF 4 DATE DECEASED , 3 X b CCAOR OF RACE Q AGF is years Macche igst bythday Do JOUAN OCKLIPATION (Give kind of work done 2 OF ZEN OF WHAT 1 BIRTHPLACE (Leanty & State or foreign rountry) during most or working life, even it refreed) COUNTRY 2 F. FINMITTEND 13. FATHER'S NAME IA. MOTHER'S MARKEN MAME N.ARY JANE GEENEY PETER HOURK 5 WALDECHASED EVER IS A SIARMED - ROLL 6 JOHAL FURITY NO Yes, no or unknown, it is yet give wat a dates of service Records, Mt. Wilson State Hospital KT RVAL BETWEEN 8 CAUSE OF DEATH (hate annly one rouse per line for a, b, and PART DEATH WAL ALKED BY ONSET AND DEATH FAR ADVANCEN FLEMINITER V 'JATRELICSIS MMEDIA 'F CAUSE (a) DUE TO Conditions, Illiany which gave 3 nse la immediate cause (a). storing the underlying cause PERFORMED? PART OTHER JON'SMANT OND TIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL SISEACH ONDITION JONES IN PART IN . 3611 VE IT IN THEN WAS NO B YOM! 20th DESCRIBE HOW IN JURY ON REED FEATER NATURE of Appling in Part, or Part III of Item, 8. THE THE RIF. INC. 4 LOT THE SEATH IN THER NOT MED ALEXAMINER 7th TiMe of INJURY Menth pay Year 20s Phairs Of INJURY Home form 20d INJURY OF TRRED While Yo While Hour J.n. *0-tory three office bidg iss 19 2 I certify that this hospital attended the deceased from and that death accurred at M. from Jouses and on the date stated above sow the deceased drive on 22a JGNATURE 226 DATE HERED STAFF DIRE TOR PHY M.D PHY 22c PHRSNOANS 22H ADDREST Newcomer, M.D., Supt. Mt. Wilson, Maryland 23. NAME OF WATERY OR FR MATORY 23c P R Ac REMA OR REMOVAL ISpendy 25a REF'D BY RAGIS RAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH 1 1 PLACE OF DEATH within 24 hours often deor 2 USUAL RESIDENCE (Where deceased lived if in Intuition, Residence-Before admission a COUNTY **COUNTY** MARYLAND ENGTH OF JAY IN 6 TTY OR JOWN (If an order alpurate family into RURAy and give neuros: OLIFS JREE! Not in huspytal, give liteet address ON A FARM' t-lled Ni NAME DE -DQ. Middle 4 DATE rappletely. DECEASED OF (Type or print DEATH 9 AGE To year SLOR OR RAY B DATE OF BIRTH MARRIED NEVER MARRIED 왕 beshday Months Dane Heer GRY WIDOWAD DIVORCED ㅁ F " Boy N. P. IPARTON Gove k Q6 KIND OF BUILDINGS OR 12 C 7171 N OF WHAT physician üse pup Steel resthinate 3 FAINSP'S NAME ö ಹಕ WA DEL ASEC EVER IN U ARMID OR'S ? 6 SOCIA, YEGBRITY NO INEGRATION Md tillian House, Pred Tes in Orbinknown, [III yes give war at dates of vertice] ö wife, above ē 8 CAUSE OF DEATH (Fores as INTERNAL BETWEEN -ne couse par line for ro 2 PART DIATH WAS A SUD BY ONSET AND DEATH IMMIDIATE CAUSE IG: â ò DUIT TO Cond. aris if any which gave lisé à ramedió a quie o 9 DUF TO Johns the underlying cause legt. 귤 ď OTHER LIGHTPLANT CONDITIONS CONTRIBLY MG TO DEATH BLT NOT RELATED TO THE TERMINAL THREE CONDITION SIVEN & PART ... PER JAMED 6 -2 Nu certificate O HOSPITAL OR ATTENDING PHYSKIAN 206 DESCRIBE HOW INJURY OCCURRED unlar nature of injury to Port, or Port II at them. B. ARE AN TIGENT WAY UNDER YING TO ONTRIB. TIRVE LA CAUSE OF DEATH payor (IF EITHER NOTIFY MEDICAL EXAMINER 20d INVIXY OF THE C 20e PLACE OF INJURY. Home Forms No T ME of INJURY Manth Doy Year Bibliot in rown at mentily Jate Нош им While Not White tortory street, office bldg, str of work and an work certify that (this haspital, altended the deceased from AM. from causes and on the date sto ed above. and the death accurred or saw the de eased gave an --Page 4 may be retaine TO FUNERAL DIRECTOR 770 JENA IRRE 726 DAJE JENED M.D. DIRFITOR PHYS 77 PHYS AN ADDR₄SS NAME Type dire. to 73b # R S RIMA JUN 23. NAME OF TEMPTERY ON CRUMATORY THEREOF OF ATION 236 Maurity State. B的格学与perdy Gardens of Faith lemetery Balto. Md. 25b REGI JRAR'S SIGNATURE 250 RHED BY REGIS RAR 24 JUNERA DORE TORSchimanek Funeral Homeores VR A 5 4) Brehms Lane 25M 1 67



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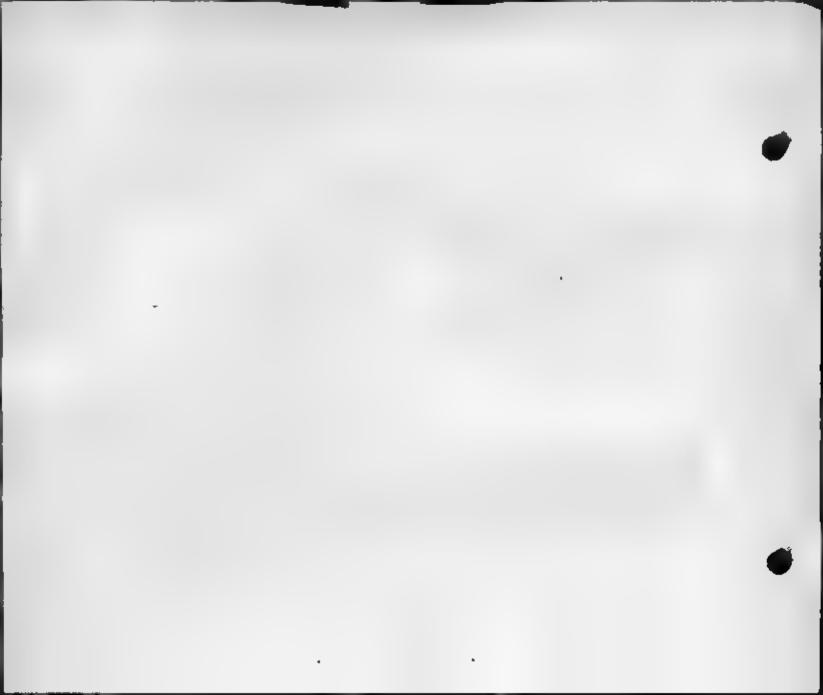
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10 HOSPITAL OR ATTENDING PHYSICIAM. The iow requires that the death cert icate be executed within 24 hours after death



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera 2 USUAL RESIDENCE Where deceased lived, if imphylion, Residence before admission) 1. PLACE OF DEATH COUNTY · STATE 6 COUNTY Maryland Baltimore Baltimore MARYLAND e. LENGTH OF STAY IN IS e. CITY OR TOWN Its outside corporate limits, waits RURAL and give nearest lown to CITY OR TOWN In outside corporate mile. Parkville Parkville - 21234 d STREET ADDRESS . AS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospile), give draw address. ON A FARM? 7815 Daniel Avenue YES NO DO Daniel Avenue 3 NAME OF Year Middle DECEMBED ā DEATH 19 67 OTTILLIE (Type or point) INGE HIPPELD 20 June THE SE 9 AGE III yeers IF JINDER TYLAR IF JINDER 24 HIS 6 COLOR OR RACE 7 MARRIED DE NEVER MARRIED S DATE OF BIRTH erthday Months Days Female White March WIDOWED -DIVORCED physician The usual of Curation | Give tind of work DEBUNDE 12 CITIZEN OF WHAT COUNTRY? 106 KIND OF BUSINESS OR INDUSTRY . BIRTHPLA E County & State of to done during most of working life even it refined! Home Baltimore, Maryland Housewif e USA 13 FATHER S NAME 14 MOTHER S MAIDEN NAME Martha Harry IS WAS DECEASED EVER IN U.S. ARMED FORCES: 16 SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown; [ffyes procwer or detes of services Mr. Howard F. Hupfeld-7815 Daniel INTERVAL BÉTWIEN 8 CAUSE OF DEATH (Enter only one cause per sine (or use ab! and ONSE? AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (OI DUE TO Condition it env which gave use to immediate cause. DUL TO at stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-6 19 WAS AUTOPSY PERFORMED? YES NO 📆 206 DESCRISE HOW INJURY OCC. RED. Textus enture of injury to Part La Pert II of Irom 18 200 ACLIDENT WAS INDER YING . OR CONTRIBUTING ... CALSE O DEA ... 20d. INJURY OCCURRED. ZDe PLACE OF IN. IRY Home 164m. 201. City of fown. 20c TIME OF INJURY Month Day Year factory sizes office bldg etc. While: Not White Hour am at wask at work 2), a cortify that (i) (this hospital) attended the deceased from AM from the cause, and on he date stated above and that death oncurred at A saw the deceased alive on 220 SIGNATURE ATTENDING. MED SIGNED PHY5 DIRECTOR FUNERAL. 22d ADDRESS 27r PHYSICIAN a NAME Type! Nathan Janney. M.D. 7101 Harford Road 234. SURIAL CREMATION, 235 DATE THEREOF 236 NAME OF CEMPTERY OF CREMATORY 23d. LOCATION City lown or county Burial 0-82 Baltimore City. Md. 23, 167 Baltimore Cemetery June 250 REC'D BY REGISTRAN 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE mounder H. Sander & Sons, Inc., Baltimore, Md. OARUN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived il investigation Residence before admission B. COUNTY IS COMENTY. Baltimore
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d NAV. Of HOSPITAL OR INSTITUT ON (If not in haspital gire street address d STREFT ADDRESS Valley Road (Venture Valley Road 3. NAME OF 4 DATE Middle. DECEASED Catharine Bond Jackson 20. (Type of print) June DEATH IF UNDER TYEAR S. SEX & COLOR OR RAIE 9 AGI n year 7 MARRIED NZYER MARRIED 8 DAT OF BIRTH (gr) birthdoy) WIDOWED DIVORCED ≥00 LSUAL OCCUPATION (Give kind of work done. 106 KIND OF BUSINES OR during mas of working life every il retired Homeria ker OWN Baltimore, Md. Home 3 FATHER'S NAME 4 MOTHER'S MAIDEN NAME Hugh Lenox Bond Jessie VanRennslar S WA, OF LASEP EVENIE AND EXPERIENCE TO COMMERCE AND COMM 12 INFORMANT 16 SOCIAL SECURITY NO. Richard N. Jackson, Jr. 8 CABSE OF DEATH (Enter only one couse per line for (o), (b) and is terioscherotic heart diacone PART . DEATH WAS CAUSED BY: MMEDIATE CAUSE IOI dned Conditions, if any which gove nse o mmedio e quise o DUE TO stating the underlying cause PART OTHER JUNIFICANT CONDITIONS CONTRIBITING TO DIATH BLY NOT RELATED TO THE TERMINAL DISEAST CONDITIONS CONTRIBITING TO DIATH BLY NOT RELATED TO THE TERMINAL DISEAST CONDITIONS CONTRIBITING TO DIATH BLY NOT RELATED TO THE TERMINAL DISEAST. PHYSICIAN 206 DESCRIPT HOW INJURY OL. JRRED HEATER SOFTING O INJURY IN PORT OF ITEM 18 705 ALL IDEN' WAS UNDER YING OR CONTRIBUTING THE CAUSE OF DEATH HE FITHER NOTIFY MEDICAL EXAMINER 20a INJURY OCH PRED 70e PLACE OF ROURY (Home form 40"y or fown 20: Timb of INJURY Month Day Year How a.m Not White foctory theer office bldg, etc. g" work 2 I certify that (this hospital) attended the deceased from 19 19 77 and that death accorded of A M Time causes and an the date stated above. 77a. JUNATURE 22b DATE aluNei DIRL TOK 22d. ADDRESS 27 PHYSII 4N'S TO HOSPITAL TO FUNERAL Dr. Paul H. Royse Pikesville. Må NAME (Type): dire tor show dib 23) NAME OF CHARTERY OR CREMATORY 3d LOUATION (City of Towns 230 BURRAL REMAIION R MOVAL Specify Garrison Forest. 276 REALS WAR ASHATURE 24 FUNERAL DIRECTOR

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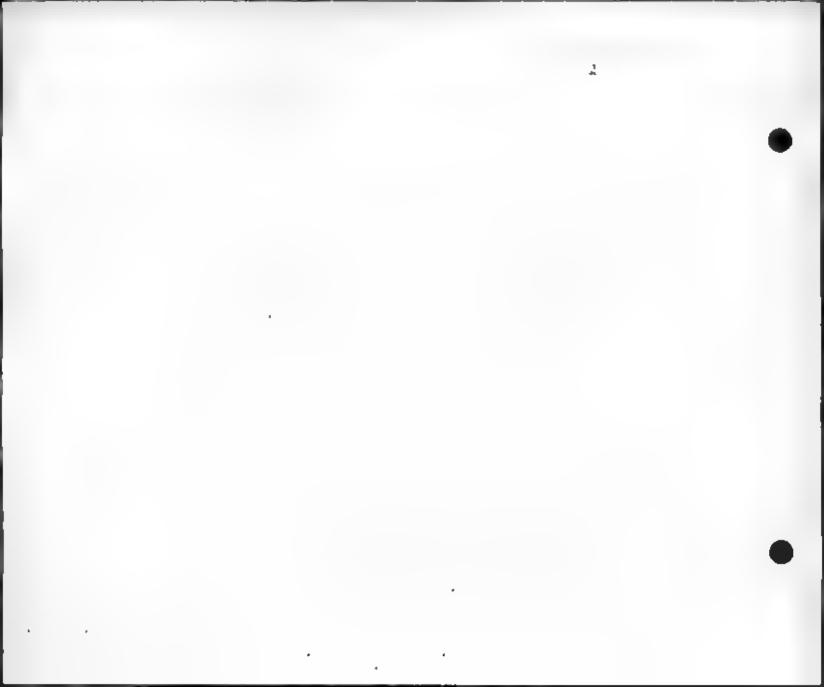
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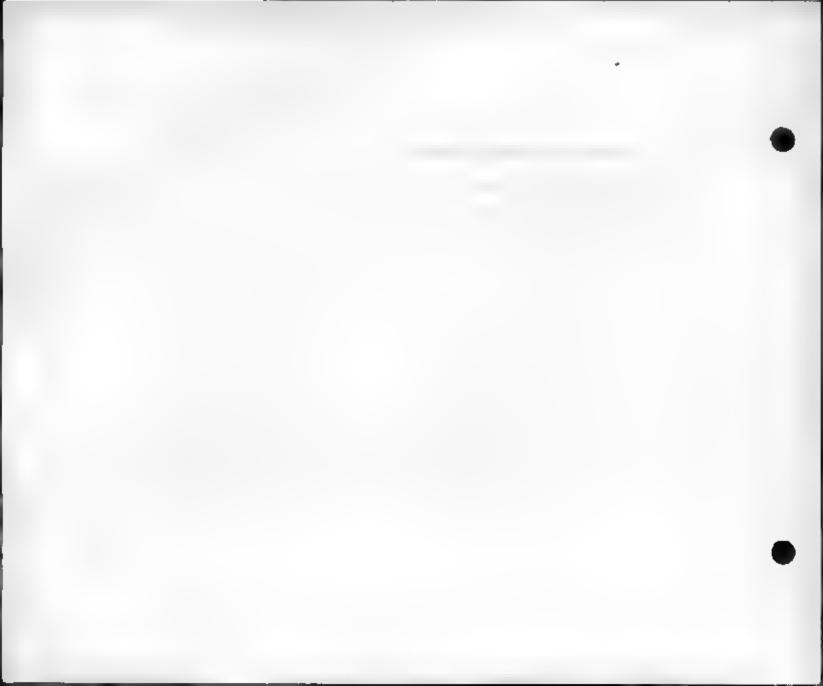
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH a. COUNTY 2 USUAL RES DENGE (Witere decreted lived. If Institution. Residence before upwisaffen) b. COUNTY JIII C. by the f Pages 1 urs after MARYLAND b. C'TY OR TOWN 'If outside corporate limits, C LENGTH OF STAY IN 15 c. CITY OR TOWN (") outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town. ٥ 桑 ofely filed in hone pers wother 72,ht d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d, STREET ADDRESS ON A FARM? YES No to Chesapeake Nursing Jome completely HAME OF DATE Month Middle DECEASED e art event DEATH (Type or print) 19:7AGE ('in years | FUNDER 1 YEAR ||FUNDER 24 HRS 6. COLOR OR RACE DATE OF B RTH NEVER MARNIED X remove 17 MARR ED last birthday) Months Hours Debyra any W DOWED. D YORGEO! . C.t.P attending physician a ermit. Then please re m, or removal, and in a 12. CIT ZEN OF WHAT E 108 USUAL OCCUPATION (GIVE kind of work done 1 10b. K ND OF BUSINESS OR 11. B' RTHPLACE (County & State, or former country) COLNTRY? during most of working ife, even if retired) INDUSTRY NINE BALTILO: MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adel ide Lowe .dwar**d** Austin Jenkins 15 WAS DELEASED EVER 'NU S ARMED FORCES 16. SOCIAL SECURITY NO. Thy INFORMANT, is ter-in-law Yes, no. or unkown) If yes give war or dales o service. 1 (1 220-44-3394 has, Louis De 17 L. Jenkins, 14 W. Coldby ringlance the pe gned by the liai-transit priiai crematic NTERVAL BETWEEN 18. GAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) ONSET AND DEATH PART A. DEATH WAS CAUSED BY: the hospital or attenting physician. 12-24 hrs. IMMEDIATE CAUSE ta) Carding failure, pulmanary sedami has been a gne-as the barrant prior to burial m Hypertensive cardiovascular disease Conditions, if any which gave rise to immediate DUE TO cause (a), stating the Arteriosolerosis, severe, generalized (age 90) underlying cause last 5524 PART I O HERS ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPSY PERFORMED? certificate 15 plus years Laphyseas, NO E YES I 203. ACC DENT WAS UNDERLY NO FINANCIAL OF CONTROL BUTING, I CAUSE OF JEATH (HE EITHER, NOTIFY MEDICAL EXAMINER 200. DESCRIBE NOW INJURY OCCURNED Enter nature of Injury In Part 1 or Part 1 of Item 48 After this certif be detached for State Dept. of h MEDICAL (State) TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 120s. PLACE OF NUURY (Home, farm, (Coun ly) factory, street officebidg atc) After After the the 4.65 Not While White ATTENDING at work l be retained 1950 to June 15 ... 1967 that (I) (we) last 21. I certify that 3 (this hospital) attended the deceased from October ... DIRECTORand that death occurred at 1:44M, from the causes and on the date stated above. saw the deceased alive on. Enne 15 22b. DATE SIGNED 228 SIGNATURE TO FUNERAL DIRECTOR, page 3 MED. D RECTOR M.D. 4 may 220 PHYSIC ANIS ADDRESS 220. NAME (Type) 18 L. Eager St., Baltimore, Md. (State NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county). 234. BUR'AL CREMAT ON, 23b. DATE THEREOF REMOVAL (Specify) Reltimore Mary Land Cathedra $\mathbf{D}_{\mathbf{u}}\mathbf{r}_{\mathbf{u}}\mathbf{n}_{\mathbf{u}}$ Jane FUNERAL DIRECTOR ADDRESS Nort. VR A15 /4 15M 4 64



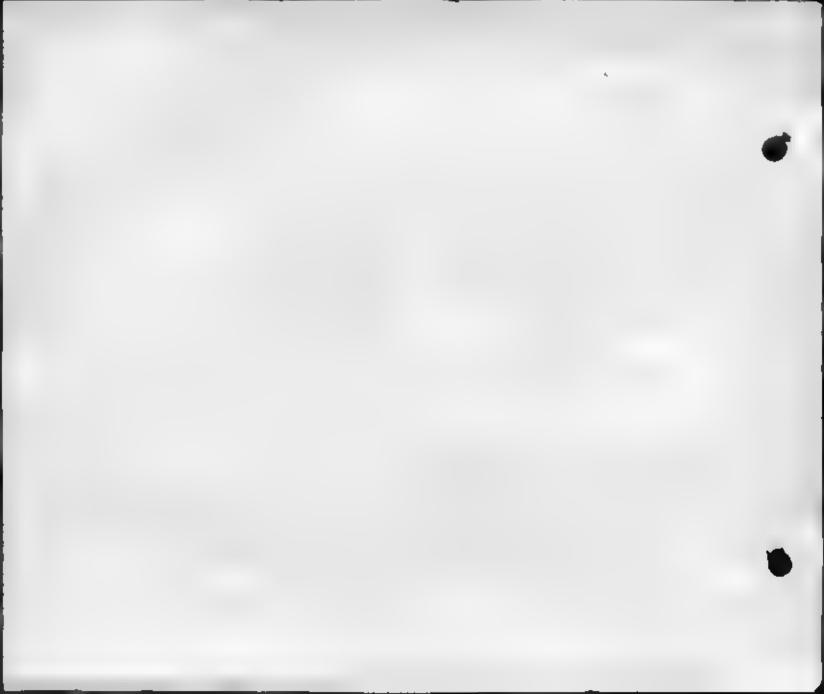
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 WI PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE Where decapsed lived it in the feet Revidence haters admission e COUNTY b. COUNTY JAKENY 6 NO. ENSTH OF STAY IN B JITY OR TOWN It only de apporate limits, write RURAs and give morest rown a CHY OR BOWN in outlade, organists limits 14 DAYS BALLTYMORE 21228 d NAME OF HOSPITAL OR INSTITUTION TO not in hospital, give theet address d JREFT ADDRESS THE A PARMS 48 DELREY AVENUE VETERANS AUMINISTRATION HOSPITAL NA B NAME OF dheldle a DATE Month Yelli etety orżągo DECEASED OF. ARTHUR B. JOHNSON JUNE Type or plant) 67 DEATH 9 AGE IC YEAR 6 DITTE THE RAL 7 MARRIED B DAIR TH BIRTH NEVER MARRIED 109 8 1hdoy Months WIDOWED DIVORGED Call Publica! PATION I we kind if work done ON KIND OF BUSINESS OR ZEN OF WHA during in in twinsing are great threfixed) U.S.A. SHOE PORT CHESTER, NEW YORK STORE SALESMAN 4 MOTHER MAINEN NAME 3 FA HIR NAME phy Pr NELLIE MC GILL EDWARD JOHNSON Mrs. Marie Johnson-48 Delrey AND DEED BY STATE OF THE STATE (Yes in in unknown | Ill yet give war at dates of secure) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES 8. CAUSE OF DEATH "Enter unity one course per line in or in limit. PART DEATH WAS LAUSED BY BRONCHOPNEUMONIA IMMEDIATE EAUSE TO. signed by burial-fram burial crem DUE TO Conditions if any which gove rise to immediate couse (a). DUE TO sloting the underlying couse PAR II THER SIGNIFY AN INDITION THE PRINT NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ONDE ON JAYEN & PORT . O WA ALTIBOT PER JRAVET ьĽ TOO AS SEN WAS JNOTE YOUR TO 206 DESCRIBE HOW INJURY OF JURRED (Enter nature of mirry in Part, or Part, II of term, B. OR ONIRS AS ALSO DEATH F. HER NO SEY MEDIT ALL YAMINGRO 3 26e PLACE OF IN JRY Home form 1904 17th an Items 200 TIME OF YOURY MODIL JULY TEN 70d NO RY OF IRREC MFDI Haur om Fortory tree office-bidg et-Mhile TO HOSP TAL OR ATTENDING or work 21 I certify that the other hasping, attended the deceased from and that death accurred of :00 At, from call as and on the date stated above saw the deleased alive an TO SILNA IKE M.D. DIRECTOR PHYS VAH FORT HOWARD, MARYLAND TO FUNERAL JOHN I NAME OF ME BY OR B MOTORY 73: FUR A. REMATION. 90 cl CHIONSVILLE, MARYLAND 24 - UNERAL DIRECTOR REGISTRAR'S SIGNATURE Rémondson Ave.

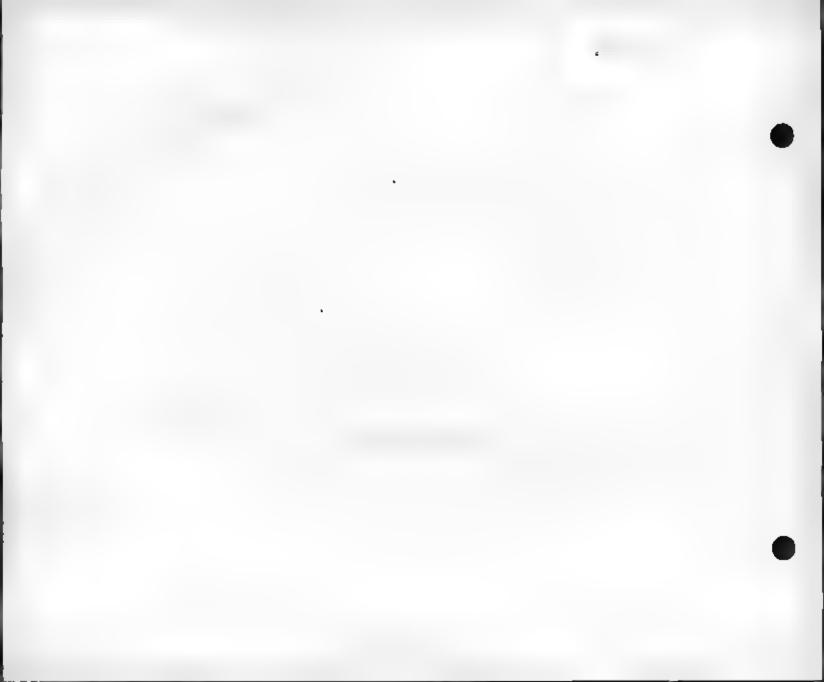


MARYLAND STATE DEPARTMENT OF HEALTH D VISION OF VITAL RECORDS, 301 W PRESTON STREET, BALT MORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE Where deceased lived all institution. Residence better admission HEALTH DEPT: PLACE OF DEATH o QUNTY e. STATE F FOR NEY H Poge MARYLAND bill YIR PWN ill outside responde limits CINCIPLOF STAY IN 16 CITY OR 4D WN (In pulside rapporate limits, write RURAL and give linkers from E#4 WHITE RORAL and give peorest town I NAME OF HOSPITA OR INV. to DIV It no in hispital give street address, 8 Cive Poges a along with form d JREFF ADDR JA J. BEL ON A KRM2 the well. th the State HAME OF DECEASED DEATH кре и рлаг 3 deoth WILLDWELL DIVORGED worded to the Chief Medical Examiner's Office pages lond2 "N JF WHAT 05 KIND OF BUSINESS UR 5 At OCCUPATION Give kindin work done OUNTRY? during niggrin, working life level in reinred). INDUSTRIE Laborer TO THE NAME pencil hours 9 permi. F WAS DECLASED EVER IN U.S. ARMED TORTES? to SOCIAL SECURITY NO. F7 INFORMANT Dies, no or unknown) (If yes give with of fotos of fervice N BY H A N ONS AN S TH 18. CAUSE OF DEATH (Enter only one couse persone for a like PART DEATH WAS LAUSED BY IMAGE A word DUE TO p.w.q and times I buy which gove pse re immedia e quie oj. c DUE TO stoting the underlying couse. 0 10 We to Terry PLR: Wille 80 TO THE RNA A WA 3 should PRIMARY Or CONTRIBUTING | ō a 4 3 a Tro Die 71- 69 St N RY Mentle Day STREET, STREET NUMBER dy n & ractory, irmet, office bidg., ef Apr While thorde of the properties as sted above held on A Trony and in my apin on 5 may be retained for or FUNERAL DIRECTOR Acquisin death resulted from Not irol rouses a. ii rde 'HIE'S MEDICAL EXAMINER 27 DATE SIGNED ASS WANT MEDITAL KAMINER prior DEPLOY MAD BOOK EXAMINER. **EXAMINER'S** Heo th MAME Type Adilres itten thy linear W . IK OF REMAION VAILE THEREO 3) MAME OF CMITTERY DR P MATORY STUDY BY OF · OURTY ZLMD VAL (Specify) 24. PUNERAL DIRECTOR VR A SME ISS



Division of STATISTICAL RES BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S USUAL SERIBENCE Phere derested avad If natitution Braid new blaza dem ston I PLACE OF CEATH a COUNT 5 COUNTY MARYLAND b. Cl TO COWN of manifest apparets amile. CIT OR TOWN Routings popular Times with RURAL and a valuation of the FILINGTH OF STAY IN 15 a top and influence town d NAME OF 25 Rephil Nue reta * State NAME Middle Yes DECEASID OF 桑 Type or DEATH 6 CO OR WE RACETY MARRIED TO MEYER MARRIED ! JA Years IS INPER DATE OF BIRTH AGI IF UNDER 24 MRS Months WIDOWED DIVORCED WHAT OUNTRY IL AL OFF IFATION GIVE KIND OF WORL IDE KIND OF BUILDIESS OR INDUSTRY 12 done during most gu, wast, no title level - retired) 3 FATHER S JAME M MOTHER & MAIDEN NAME 14 P wuh EVEN UP IN A ARMSE FORCES? 6 SON AL SECURITY NO. 1 Address Yes programmed live glyswar and stands service IB CAUSE OF DEATH (Enter only one cause per line for a PART I. DEATH WAS CAUSED BY pencil IMMEDIATE CAUSE (A Office DUE TO burnal Conditions If a y wh la grave has to ammadiate cause. Æ DUE YO a stazing the uncertying caully lest PART OTHER IGNIFI ANT GIND IGN'S ONTREATING TO FEATH BY THOSE AREQ TO THE T RAINAL ON ASS. ONDITION GIVEN IN PART I(a) 19, WAS AUTORSY CFRTHRCARON PERS ORMED? cremat NO 34 206. DESCRIBE HOW INJURY OCCURED. Enter nature of Injury in Part, or Part II of the IE 200 EXPERNA AUGE WAS PRIMARY & CONTRIBUTING AUGU OF DEATH 20c. TIME OF INJURY Month Day Year 20d INJURY OCC IRRED. 20s. PLACE OF INJURY-Home form 20s. city or lower COURTY While. Not Water feetory street office bldg etc. Hour a m of work | wheek 19 20 21 Cortify hat rook charge of the remains described above, held an Autopsy Inspec on and in my obil or á death resulted from Suicide 30 Homic de Undetermined manner 28. JES /Accident orward: DIREC CHIEF MEDICAL EXAMINER percubisep ACTUAL. AssistAN7 MEDICAL EXAMINAR T DATÉ SIGNET Should be for STONATURE DIPUTY MEDICAL XAMINER EXAMINER'S NAME Ivos Address Street on town or county LAB BIJKA 224 NAME OF CEMETERY OR CREMATORY REMATION 226. DATE THEREOF 22d_LOLAZION LLIV Jown or country REMOVAL Specify 2409 0 4 Æ 246 REGISTRAR - TICHA LE 44 FUNERAL DIRECTOR 3Mush. 5M 7/59



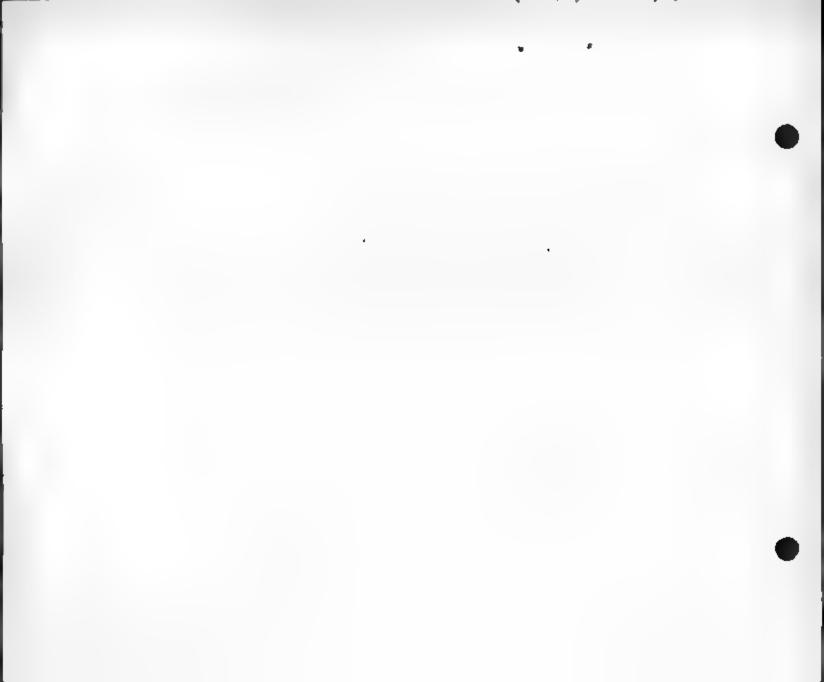


Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

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u NAMA OF HOSPITAL OR INSTITUTION TO not in hospital give street address Lt Joseph Hospital		d TRHIT ADDRES. 3200 batavia Ave.		e 'S RESIDENCE DN & ARMY YE MO IX		
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Ten	P. 10	-I alta nore d	l ours all	IN 8 1987	Ocharles Judge	

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending Shakinan and campletely filled in by the funeral direct a page 3 should be defacted for use as the burial-transit permit Therefore remains carbon papers. Pages and 2 should be tiled with the State Dept at Health prior to burial, crema on, or remaind any event, within 72 hours after degree. TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death regulate be executed within 24 hours ofter death Page 4 may be retained by the haspital or attending physician.

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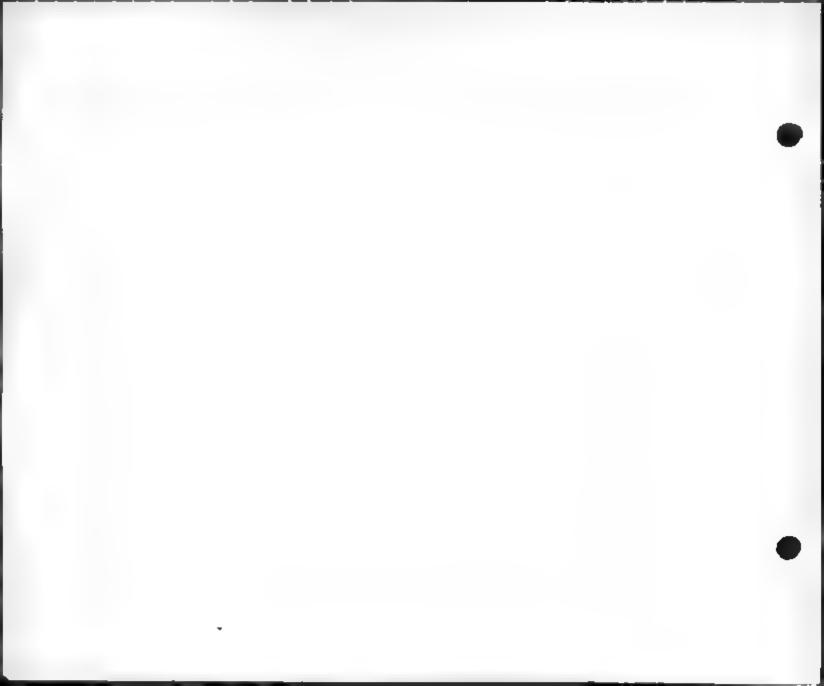
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if in intribion. Relidence before admissions o CONTY a JATE Mary land b TOUNIY MARYLAND b TY OR TOWN (If outside corporate limits. ENGTH OF STAY IN 15 ITY OR TOWN II. outside caroarate limits, write RURAL and give nearest fowa write Russia on give negress town 3, remthe 9 2, s Halt_more d MAIN OF HOSPITAL OR INSTITUTION If not so hospital give street address) d SIREL ADDRES MA BRAZ 20.8 Ramsey Street Strung Crove State Mos & tal 40 T NAME OF 4 DATE DECEASED BORTIN . BS Type of plim Kanala DEATH requires that the death certificate be executed S SEX 6. TOLOR OR RATE 9 AGE (in year MARRIED S/ yrs Manths Doys M2 . 9 white WIDOWED DIMOR JED. Boli.5. At OXIGPATION Bive kind at work done. DIS KIND OF BUSINESS OR 7 AT ZEN OF WRAT during most of working life even retired OUNTRY? A MOTHER'S MAIDEN NAME 3 FATHER S NAME 4 S WA DIFEASED IVER IN ... ARMED FORCE ..? & JOCAL IN URITY NO. MEGRMANT (Yes no or an anown. If yes give was ar dates of service) B CAUSE OF DEATH This only one rouse per line for (a) lb. and PART a DEATH WAS LAUSED BY AND DIATE MIMEDIATE CAUSE (a) signed burio anditions if any which gave rise to immediate cause (a) stating the underlying rouse 40 9 PART OTHER JOHIERANT CONDITIONS ONTRIBETING TO DEATH SILT NOT RELATED TO THE TORIGINAL DISEASE CONDITION FIVEN IN PART U. 9 WA A PHILLIP PERFORMED? NO DO O HOSPITAL OR ATTENDING PHYSICIAN 406 A: TEN WAS INDER, YING 206 DESCRIBE HOW INJURY DICCURR OF Renter nature of injury in Part 4 of Part of Item 18 IR IN RISE INC. T AUST OF BEATH HER NOGEY MEDI- AL XAMINER 3 20: TIME OF INJURY Month Day Year 20d INDURY OF TRRETA 20e PLAST OF NURY (Home form Literates Hau dim Wark I Not White of work Jourgry lateet, affice bigg, et-March 2 I certify that (8) this hospital) attended the dereased from 19 w of and that death accurred at 4 27M from ouses and an the date stated above sow the deceased a ve an TO FUNERAL DIRECTOR 229 SHOWAT IN 3 16 2% PHYSICIAN'S 224 APDRES --. 45 y at 0 d b vou 2% NAME OF TEMETERY OR REMATORY 23a F IRIAL IRIMATION. (Loundy) REMOVAL Somethy 250 R. D. BY REVISTRAL .-VR A 5 4)



Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE Where deceased used if institution Residence before admir of PLACE OF DEATH a COUNTY b. COUNTY o JATE Maryland Baltimore MARYLOND deloy Pap DR WA misside appointe medi-ENG HI JE Tay Is To I TRE with The order organists may write Russa long give neotest toward wile RIRM out it neve own Baltimore d NAME CERIC 20 or 12 lb a. Think the marin haspital line timet hidden a. d TRE ACTIVE WIRELESS SELECTION 1321 Elm Road 1718 St. Paul Street Nhaurs after death NAME OF Middle 4 DATE Mi ich June 15, DECEASED James Kennedy 67 Type a luner DEATH Ē TO JOH MARKIET IX! NEVER MARRIED | 8 DATE OF BITTE 6 POR DR RAGE veo: Male White thagy. 2~10-1909 WIDOWIN Cal B for the Co. PATION S. a kind of willk done. BIRTHPLAN innte or ineight leading FOR KIN OF BUSINESS OR Painter Frank The Painter Virginia 13 FACHLE'S NAME 4. MOTHER'S MAIDEN NAME pencil George Kennedy Ella Brooks MA DETERM TWIKES ARMED THE 6 MALE REMAN INFORMANT De no orienti nwe il yeng le war al daferiori er- e removal 227-20-5536 Mrs. Lurille M. Kennedy, 1907 Kennedy Avenue pendin H CAU'E OF OFATH Fore in the days were PART DEATH WAS AUSED BY 5 DUE TO Ę ondition any which are me merio e couse (o) DUE TO oling the underlying rause are di PART OTHER JISNORIAN UNDOLONG YOR OF A CONTROL OF THE TERMINAL COLOR THE TERMINAL COLOR THOSE JUNE A PART S WA & PSY P REJEMBOY YES SEE NO No. a RMAI AUSTINA 20s DEV RIBE HOW INJURY OF TRRED Society of the Post in Part of their 8 5 PRIMARY CLOS CONTRIBUTIONS CALLSE OF DEATH 20 IME IF INTIRY Manth Day Years 706 NIURY OFF IRR We Park OF KIRK Intelligence flour p.m. factory, street, allice bide, et-Norwhile of work - 01 work 21 I certify that I took harge of the remains destribed above held on Autapsy .] Inspection X Inquery depth refu red from Notura auses 🗷 Aseident SUIL IDE Hamilude undetermined manner CHIEF MEDILAL DAMINER ACTL BL ASSISTAN MINISTER EXAMINER PUNERAL I SIGNATURE the Uneral DEPLITY MEDITAL XAMINER Health ar Dr. James N. Frederick Address street city lown in country 236 DATE THEREOF 3d DIATION by at Town 20o. BURIAL CREMATION. 25 NAME OF CEMETERY OR REMATORY 50 6-19-1967 Loudon Park Cemetery Baltimore, Maryland ZA PENERA DIRE FOR THE RI C BY KE . IS IRAR 75n REGIT RAR I III-NA IRE YR ATSME (B) Milane, Judge 21229 DALUN Howard H. Hubbard, 4107 Wilkens Avenue

2 MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND

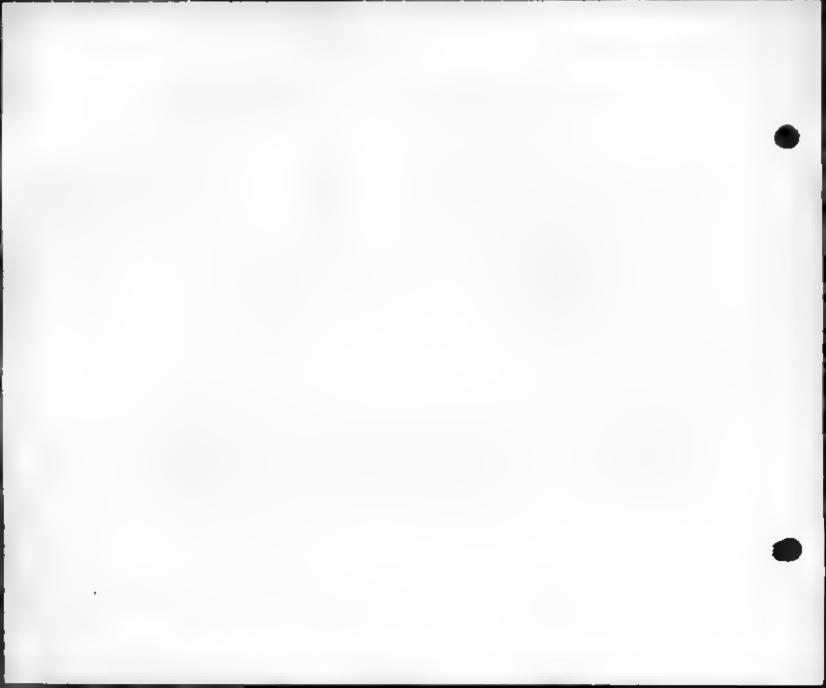


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALT MORE, MARYLAND 21201

CERTIFICATE OF DEATH

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2 2 5 후 선 	24 FUNERA DIRECTOR ADDRESS	aus Cemetery Saltimore, 250 RECO BY REGISTRAR'S S	las Judge



VI AND STATE DEPARTMENT OF HEALTH CH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH I PLACE OF DEATH USUAL BESIDENCE Where deceased wed. If Institution Residence before edmission. # ME NITY a STALL N. COUNTY MARYLEND b CITY OR YOWN III oun de corporate timula E. LENGTH OF STAY IN TO 1 c CITY OR TOWN Iff outside componets limits, write BURAL and give hearts. In write R PAHA A give nee will fown d NAME OF HOLPITAL OR ENSTITUTION (IN NOT IN hospile gree lifety addes) 1 50 6 K A+ 7720 NAME OF DATE DECKASED OF Type or my 2 2 DEATH CHER, SITE 1.62 62 B DATE OF SUTH 6 to OR OR RACE 9 AGENT YOURS E NOTE TYPER E INDER 24 HRS MARRIED I THEYER MARRIED TO lest birthday Months WIDOWED 12 DIVORCED TO IGE USUAL OCCUPATION SIVE kind o work 10b. KIND O BUSINESS OR IND. STRY RIR' HP! ACE County & size of fureign country 12 CITIZEN OF WHAT COUNTRY? physicis dans during man o working life eye relified 11/2 A A1- FR a NAME 4 MUSTICE MAIDEN NAME CHAR 8 2 귭 RECKER affen 15 WAS DE LASED EYER IN US ARMED FOR: ES? 4 SOCIA DE CURITY NO 17 INFORMANT Addies Yes no or unknown. If yes a news or derecoftenisce 65 h B CAUSE OF BEATH Total only one cause on line of a PART & DEATH WAS AUSED BY MAMEDIATE CAUSE IN Conditions it ent which paye use to immadiate cause. a stating the underlying PART OTHER SUNDER ANTI-CUNDITIONS ON RECTING TO DEATH BUT NOT BE A FED TO THE TERMINAL DISEASE. ONDE ON GIVEN IN PARTICA · ACCIO OF W INCERTAIN 206 DESCRIBE HOW INJURY OF CUREO. Enter nature of injury at Par II or Per III of 1851 B. CR INTE TING A FOR PEATH FTHIR NO' FY AT AL KAMPIEL After 20c TIME OF INJURY Morth Day Year 20d INJURY OCCURRED 704 PLACE OF INJURY "Nome Jam 201 "City or lowlactory street office bldg ger w/hale Not While et work e work n m ğΘ. 4th haspital attended the tecoased from 10 and they death occured a 3 7 M. trop the causes and on the date Jaied above saw the Deceased hive on A TÉNDING PH 5 DIRE TOR 2.d ADBRESS FUNE director POR NAME OF CEMPTERY OR CREMATORY 23s BURIAS CREMATION 236 CATE THEREOF 234 LOCAL ON 'City rown at county REMOVAL some ly -17 1 1-1.77 7

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY, AND 21201 37810 CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution in Residence hatora admission 6 COUNTY b. COVINTY Baltimore MARY AND b CITY OR TOWN If autivide torparate limits. LENGSH DE JEAY IN 16 USY DR IDWN 'In outside responding on the write RURAT and give negges fown " RESIDENCE d NAME OF HOSPITAL OR INSTITUTION. It not in huspital, give street address d IREL ADDRESS ON A NEM Mt. Wilson State Hospital SECTION DE 4 DATE NAME OF Middle DECEASED ٥£ MAR TIE Ressie omplet ve ve Type or south DEATH June N SEX AGE in years 6 COLOR OR RAL MEYER MARRIED 1955 Uithidox الغ WIDOWED THEN OF WHAT IOs STAL OC PATION Give and of work done Ob KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Pup IL MOTHER'S MARDEN HAME Domestio 18 FATHER'S NAME OAOQJB. IS WAS DECHASED EVER IN U.S. ARMED FOR SP. 16. SOCIAL SECURITY NO 17 INFORMANT (Yes not or unknown, I (It yas give war or dates of service Б 10-164(-Records, Mt. Wilson State Hospita N'ARVAL BETWEEN 8 CAUSE OF DEATH only one cause per line for a 4b and CHISET AND DEATH PART I DEATH WAS CAUSED BY: MMH DIATE CAUSE FOR DUE TO borno - h Conditions, if any, which gove nse tallmmed at ellar ellar. DUE TO storing the underlying rouse are hed to use as the Dept. of Health prior to WAT MITTIPSY PER DRAMES PART OTHER SIGNIFICANT ONOTIONS CONTRIBITING O DEATH BL. NOT RE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR. 40 PHYS CIAN-206 DESCRIPE HOW INJURY OF URRED (Entry nature of injury in Part of Part III or item 18. 200 AT TOEN' WILL INDER YOUR OR CONTRIBUTING TO CALISE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER, 20p PIA DE N. IRY Home form 70 H YO JWE Thombs 206 INJURY DOSJERED. 70: Take OF INJURY Month Day Year Hauri gum. fortary street office bldg, etc. Nat While 21 I certify that (this haspital alrended he deceased from 967 that om rauses and on the date stated obove saw the deceased or ve on. and that death occurred o DIRECTOR 220. SIGNATURE 226. DATE JONED be filed 27d, ADDRESS O MOSPITAL FUNERAL Wilson, Maryland Supt. 231 NAME OF TEMPT RY OR UR MAIORY 23d Dr.A. John Bally or Town 23a SURJAI REMATION 236 DATH HERFOR County State REMOVAL (Specify 2 Miller Chapel Jonesville 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 Rockville Rockville.Wd.



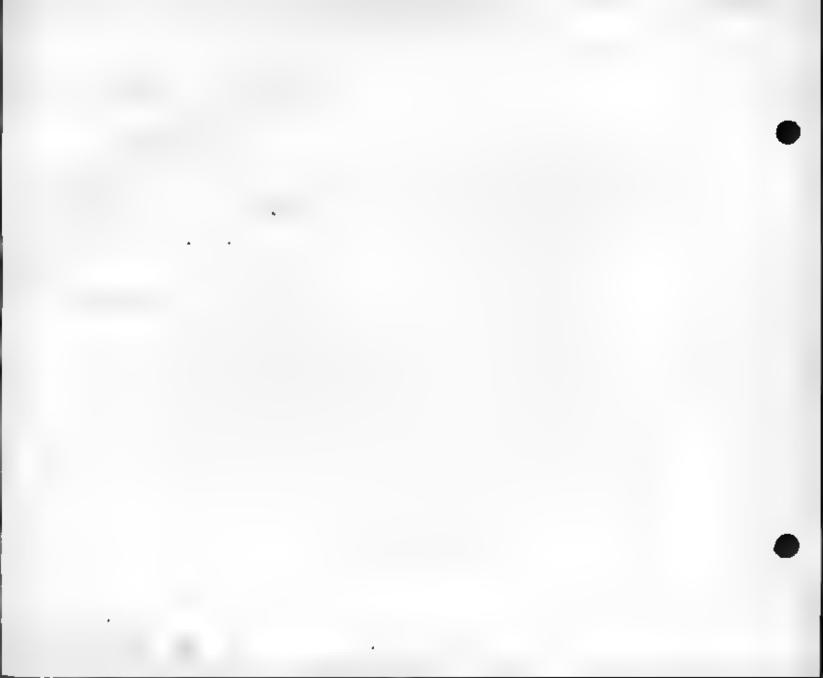
Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07811 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if instrument Residence before admission) PLACE OF DEATH a. COHNTY O. STATE h. CO HITY Uniti MARY = INO MARY AND TV OR ROWN It huiside apporate limits (IV OR TOWN (H outside rorodrote kmills write RURA and give necrest town ENGTH OF STAY IN B write RURAL and give nearest lawn) e IS RESIDENCE ON A FARM; 4 MAME OF HOSPITA, OR INSTALL TION of not in hospital, nive street address. d GREET ADDRESS NO 4 COGH NAME OF Middle 4 DATE OF DECEASED 907 Type or pind GRR.S SHIER DEATH YEAR B DATE OF BIRTH 9 AGE 'nn year IF JINDER IF PNDER 24 HRS 6 OF OR OR RACE MARRIED TV NEVER MARRIED as hirthday MIDOWED DWORL (O 6 pup 2 OF ZEN OF WHAT 40n ISDALOL PATION Sive kind of work done DE KIND OF BUSINESS OR BIRTHPLACE (County & Liple of Enreign country requires that the death certificate be during mos or working life-even if retired) __NDUSTRY QUINTRY ? pup ENGLAND 1 FULL OF physic 14 MOTHER'S MAJOEN HAME 13. FATHER'S MAME offending physical Then AIL ABRAHAM Address 5 WAL DECEASED FYFR IN 11 ARMED FORCES? 6 SOCIAL SECURITY NO INFORMANT "Yes of an unknown \$14 yes give war or dates of service) SAME MESLENA INTERMAL BETWEEN B CAUSE OF DEATH (Enter antivious course our line for a 1b), and ONSET AND DEATH PART DEATH WAS CAUSED BY MUDU MAMEDIATE CAUSE to yd bangis DUF TO Conditions, if any which gove use o mmediare ou a o., DUE TO stating the underlying couse by the haspita or offending WAS A FORSY PERFURMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIGATH BUT NOT RELATED TO THE TERMINAL DISLASS. ONDITION GIVEN IN PART TO NO V 205 OFSCRIB) MOW INJURY OCCURRED (Enter nature of injury in Port or Port I) or item 18... 20% AC EDENT WAS INDERLYING . OR CONTRIBUTING THE AUSE OF DIGATH t AL EITHER NOTIFY MEDICAL EXAMINERS Dept 20d INJURY OCCURRED 20e PLACE OF INJURY Home Form. district for fowns (County) (Stote) 201 TIME OF INJURY Month Day Year 옾 Hour our. lociory, street, office bldg., etc.) at work an work 21 | certify that it is hospital attended the deceased from Page 4 may be retained and that death accurate at M from causes and an the date stated above sow the deceased alive on TO FUNERAL DIRECTOR MATE SIGNED 220 SIGNATURE 226 ATTENDING STAFF DIRECTOR 22d ADDRESS 22) PHYSICIAN S MAMF Type 234 NAME OF CLMETERY OR CREMATORY 23d (DIATION Kiry or Town) 23o BURIO FREMATION 236 DATE THEREOF (County) (State) ABORESS 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 750 REC'D, BY REGISTRAR YR ALS WIE 20 M 1/86 DATH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, It institution Residence before admission) A. COUNTY 4. STATE b COUNTY 14A1,110,00 b. C TY OR TOWN (If outside corporate Imits, C LENGTH OF STAY 'N .b C CITY OR TOWN (It pulside corporate limits, write RURAL and give nearest town) Page write RURAL and give nearest town) d. NAME OF HOSP TAL OR INSTITUTION (If not to hospital, give street address) B. IS RESIDENCE ON A FARM? 7711 HLLGADA Ē WHILLADALE No IA 3. NAME OF Middle DATE Youte 柔 OECEASED eyent, CARI. (Type or print) 6+11 DEATH V VAF 5. COLOR OF RACE DATE OF BIRTH AGE In years I'F UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARR EO [34] ast birthday? Months any Hours and rsiclan and reaser-rago and in any WIOOWED DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) CITIZEN OF WHAT during most of working ite, even if religed. INDUSTRY COUNTRY? MAKER 1 nding physic Theo piez remova, ab BALL MD certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BRICK KN/GH/ aftendir 15. WAS DECEASED EVER 'N J S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Yes, no. or unknown, fyes give war or dates of service) merbert same cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (s), (b) and (c),) INTERVAL BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY IMMED ATE CAUSE (a). HEARI of other MA been signed the torial-transfer to burial, cre AK RIGGG GFXMIC Conditions, if any which UASCLLAK gave rise to immediate cause (a), stating the OUE TO 늄 underlying cause last. 6.85 Ē CEPTIFICATION PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM THAT O'S EASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate the defached for use PERFORMED? for u YES NO. PC PAYSICIAN 20# ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of hours in Part | or Part | of Rem 18.) 00 OR CONTRIBUTING JEAUSE OF DEATH CAL 20c T ME OF INJURY Month, Oay, Year 20d, MIURY DECIDERED | 20c, PLACE OF NIURY (Horne, Iarm,) 20f. (City or town) (County) (Stute) factory street office bidg. etc.) Hour B.M. Q Not While While al work ... at work retained PRICE LUNE 21. I certify that (I) (this hospital) attended the deceased from, 19.62 to. OTRECTOR saw the deceased at ve on. 19. 4. 7 and that death occurred at 10. 4 M. from the causes and on the date stated above. 220. SIGNATURE 226. DATE SIGNED MED. D RECTOR 연두 22c PHYSICIAN'S FUNERAL 224. ADDRESS rector published NAME (Type) 4 Shou BUR'AL CREMATION., 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (E ty. town or county) (Stelle) 00 BIT 1 2 (Soecily) Parkwood Cem. Balto. Md. 24. FUNERAL DIRECTOR ACORESS 250. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Luxelles VR 4.5 M Leonard J. Ruck Inc. 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07813 CERTIFICATE OF DEATH PLACE OF DEATH 2 BSuAL RESIDENCE Where deceased aved of austronian Regidence before education O COUNTY a STATE MYGIN OF JAYLIN ID CITY OR TOWN It gues de rarporote limits, write RURA, and give neares, town b FITY OR TOWN It suiside torporate limits. write RL RAI and give negrest fown Bal timore d STRE, ADDRESS e 15 R1315(M) d NAME OF HOSPITAL OR INSTITUTION OF Higher has piral, giver street address. CATEV ON & ARMS bally Maled YES [] NO [3 NAME OF DATE Doy DECEASED Type or print) DEATH 5 98 7 MARRIED DAT OF BIRTH 461 IF UNDER 1 YEAR NEVER MARRIED Hours <u>ust bi</u>nkday Months Dark D3/WOGTW DIVORCED OF KIND OF BUSINESS OR BIRTHPLACE County & Stote or foreign fountry "T ZEN OF WHAT to S At Ot UPATION Gave and it work done duning mast of working afelieve of let pleose Balto., Ma. the death certificate 4 MOTHER'S MAIDEN NAME 3 FATHER S NAME Late - Louis Barbara Hammerbacker offending p WAS DECEMBED EVER IN J. ARMED FORCES? 16 YOU'AL YEGIRITY NO B. Kalb-8900 Flagatone Rd. Mes, no allunknown, lift yes give wall at dates of service 8 cramdlion B. CAUSE OF DEATH (Finter only one cause per fine for lot, (b), and INTERVAL BETWEEN bernal-fronsit PART DEATH WAS AUSED BY THIS AND DEATH IMMEDIATE CAUSE (O. **DUE TO** Condition: if any which gave ase commediate base as **DUE 10** stating the underlying couse 5061 WAY AUTOPSY PERFORMEDY PART II OTHER SIGNIFICANT CONOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II NO: 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Inam 8. 20a ACCIDENT WAS UNDERLYING [2] OR CONTRIBUTING TO CAUSE OF DEATH THE THER NOTIFY MEDILA, XAMINIR) 1510 (e) 20c T'ME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF NUURY Home form. (City or rown) (County foctory, street, office bldg, et-Наш олт While Not White an work. at wars 1962 that , (we last 21 | certify that 967 (this haspita) attended the deceased from Poge 4 mby be relained saw the deceased alive an and hat death acce ed at A. M. from causes and on the date stated above TO FUMERAL DIRECTOR 22b DATE IGNED 22a SIGNATURE ATTENDING STAFF DIRHTTOR PHYS PHYS 22d 400 RESS 29. PHYSICALNYS NAME (Type) director, A NAMI OF TEMPTERY OR TREMATORY 23th CMT+ THER OF DCATION Title on Town 230 BURIAL TRAMATION Country sho Loudon Park Com. Baltimore, Md. ADDRESS. 250 REU'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE D. - 4101 Edmondson VE A 5 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

		07814	CERTIFICATE	OF DEATH		17706
		PLACE OF DEATH O. JUNTY BATT MOVE	MARYLAND	2. USUAL RESIDENCE OF	Where deceased fixed, if misting to Ot	illion Residence before admission
	K	b. CITY OR TOWN (If outside corporate limits Perite RURAL and give neares as well Ass C A 1 3 1 C C N	30 days	CITY OR YOWN OF M	Pride corporate limits write R	RA' and give nearest town)
5		BAITO, CO, GEN.	Hosp	3636 A	ocheArn	B IS RESIDENCE ON A ARM?
	. !	NAME OF DECEASED Type or print SEX A DIOR OR BATH A MARK SEX A DIOR OR BATH A MARK SEX	Moddle (Krickhan	4 DATE Moi OF DEATH P AGE "12 years	6 - 14 9 6 7
		A) Is widow)Z3	9-16-8	tas authdray	Months Days Hours Man
	duri	FATHER'S NAME	BEO. RR	MARY 14 MOTHER MAIGEN N	LAND	COUNTRY
		Richard G KV	16 SOCIAL SECURITY NO. 7 6	HFORMANT	Bush Add	MAN Tess
	(Te	es, no arenknawn) (If yas gree was ar datas af service) 16. CADSE OF DEATH (Entsi anly ans couse per tin	e for (o), (5), (m) (c).	HOSP.	Keerd.	'HIFRYA' BETWEEN
		PART II. DEATH WAS CAUSED BYMMEDIATE CAUSE (o)	Leneraliz	ud Orte	us sale	ONSET AND DEATH
	CEPTIFICATION	PART 41 OTHER SIGNIFICANT CONDITIONS CONTRIBUT	oneto Nien	myna,	RUL	LO MAS AUTOPSY PERFORMENT YES WO [
		OR CONTRIBUTING EL GAUSE OF DEATH (IF JITHER INGTET MEDICAL EXAMINER	6 DESCRIBE MOWATALIORY OCCUPRIED TO	(Enter nature of injury in I CE OF INJURY (Home, force		
	MEDICAL	Heur a.m. 19 or	Mile Nor While C	ory. street, office bldg., etc.,		(County) (Store)
		21 I certify that (I) (this hospital) a saw the deceased above on	Hended the deceased from and the	death accurred at	MFD DIRECTOR PHYS. C	ond on the date stated above
		22c PHYSICIAN'S NAME [Type)		22d. ADDRESS	DIRECTOR CELL PRIOR C	-10 // 0/_
	6	BURIA TREMATION 236 DATE THERFORE REMOVAL Specify! 6/17/1967	Woodlawn		BA / Tin	OWN KOUNTY MY
'	54	& Mac Male	301 Frederick	250 JEL D	1 9 1967 25	Charley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The raw requires that the death certificate be executed within 24 hours offer death TO FUNERAL DIRECTOR After this certificate has been signed by the otherding physician and coparities, tilled in by the figured page 3 should be detached for use as the burior that sit permit Then prease remove copast papers. Pages is should be filled with the State Dept at Health prior to burior command, and in any evaluation, by this is a set. Page 4 may be retained by the haspital or attending physician VR A15 (4) 4 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Pund deb りかなすち PLOT OF BELLE UNBLO 7 JSUAL RESIDENCE (Where deceased lived if in thition Residence before admission a COUNTY Baltimore P COUNTY Maryland Baltimore 0 Her MARYLOND. by Pages L CITY OF TOWN (If number organists limits, TY OR FOWN (If an lide corporate limits write RURA) and give nearest rown E FNGTH OF STAY IN IN wirds RURAL unit give negres. Jwn Chase. Maryland 7mths17dvs Catonsville d NAME OF HOSPITAL OR INSTITUTION IN moral nospiral give little oddless d STREET ADDRESS e IS RESIDENCE ON A ARM? hapers in 72 -SPRI JG GROVE none 1 NO NAME OF First Middle 4 DATE Month Day DECEASED Alma 19 67 Kruger June 29 Type or print DEATH B DATE OF BIRTH SEX & COLOR OR RACE J MARRIED 9 AGE o veors IF UNDER TIVEAR THE INDER DA HIS NEVER MARRIED [AB 109 tribdoy Mo otto Days June 26, 1894 white WIDOWED IC DOVOR TO AUD. female -0. SGA, OLD PATION (Give kind - work none OF KIND OF BUSINESS OR 6 2. TT 7km OF WHAT BIRTHPLACE | bunty & State or region munity deoth certificate be Е turns or of working life even of record) physición d sen please INDUSTRY Uning!? puo Germany IA. MOTHER'S MAJDER NAME 13. FATHER'S NAME Jovoma കുട് WAY DECASED FYIR IN U.S. ARMITO FORFE 6. SOCIAL SELUR TY INC. * INFORMANT "Yes no, or unknown (1) ye give wat at dates of service) \vdash 093-07-6587 Records: SPRING GROVE STATE O. NTERVAL BETWEEN B CAUSE OF DEATH (Into only one coust per line for .o. Ib and INS ONE HAY gremo PART DEATH WAS LA. . 60 BY Fuln narv emboli signed by burne-frons burner, grem IMMEDIATE CATISE (6) ONE TO Conditrans, if ony, which gave fb; nse to immediate ouse of DUI- TO offending p Joined the orderwine, outer the o less. 9 PART II OTHER JONIFICANT CONDITIONS ONLY BY IND TO CLATH BY NOT RELATED TO THE TERMINAL DISEASE UNDITION JUYEN IN PART OF 9 WA 4 404 \$0.97 YES NO Decutitus ulcers PHYS CIAN 206 AT MOTHER WAS UNDERLYING I 706 DESCRIBE HOW INJURY ULI JRRED (Enjoy pature or injury in Part of Part if of Item B. OR ATRIBUTING I AUS OF SEATH IF THER NOTIFY MIDDLA EXAMINER ₹ 20H INDIRY OCTURED 23s PLA OF IN IRY Home tour T 203 // y at 10wn "cunty 20: 1M JI INJURY Manth Day Year Наш о m White Not White of work ramany intelligible bliffs esŧ TO HOSPITAL OR ATTENDING Page 4 may be retained by the TO FJWERAL DIRECTOR AMENT 966 to JULY 29 1967 that M we just Nov. 10 2 I certify that (A) (this haspital of ended he deceased from sow the decepted a we on June .94.2 and that death accounted of 1 19 M from cause, and on the date stated above 220 SICNAZURA 7 % DATE A MEDI Mi D OFRE, TOR palu aq 22d ADDRESS SPRING NAME Type Baltimore, Maryland 21228 director should t 30 B PIA: R MATION 236 DATE THER TOP 23. NAME DE CEMETERY DE REMATORY Original of the State of Traver REMOVAL (Specify) La Lory 24 FUNERAL DIRECTOR THE REP D BY R. GISTRAR 256 REGINTRARIN DIGNATURE VR A15 4 PAPIREL - AR 25M 1 67

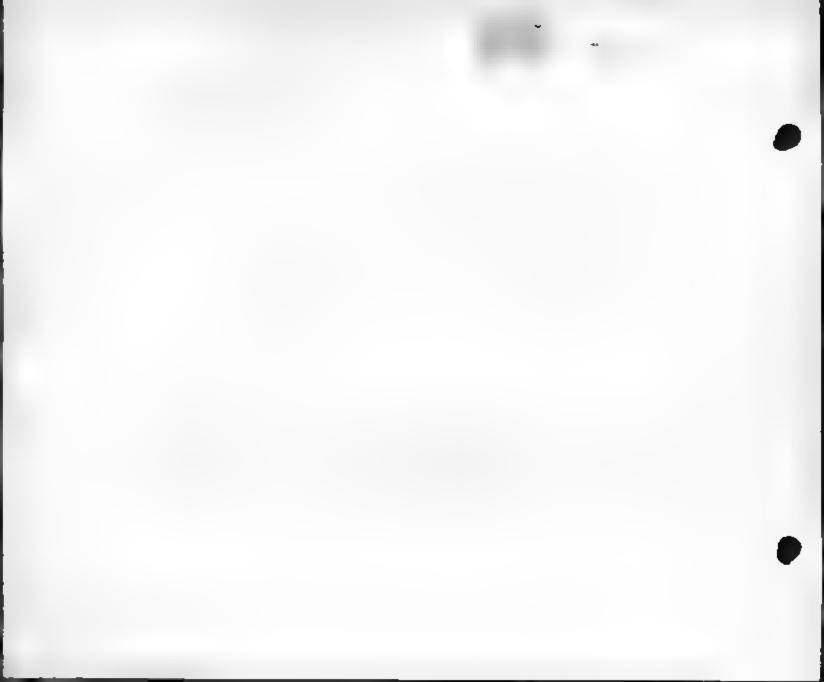


MARYLAND STATE DEPARTMENT OF HEALTH Items 19 & PRESION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived it instituted its MARYLAND HILLEN DALE ON A FARM HILLEN DALE 3 NAME OF DECEASED DEATH NEVER MARRIE V. 10 WICHWED 💢 Pariline Exist work ause 医皮肤 血黄素型 rigin in warrang the even if salred) STORE KEEREN 4. MOTHER'S MAIDEN NAME LEONARD MARIL Address 216-05-1508 BETTYE 18 CAUSE OF DEATH JECtor only one couse per line for PAR' I DEA H WAS AUSED BY PVRNS IMMEDIATE CAUSE TO **Pullal** Candida . any which yave the medital Jigling the underlying couse PART II O'HER SIGNIFII ANT I ONDITIONS ON HINN A REPORT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN HIS PART HOT PERFORMED юмоша. Y KM2 W2 the programme of the process of the "R MARY THAT ON RIBU NO While Mar While . al wark at wark lok harge 0.001 0.001 0.002 Ve how a A Inspection language A and in my opinion death resulted from. Accident Suitide Marmitide Lindetermined manner CHIEF MEDICAL EXAMINER Α(ΤυΑ, 22 DATE SIGNED ASSISTANT MEDICAL XAMINER SIGNATURE S to DEPUTY MEDICA: EXAMINER 🔀 **EXAMINER'S** Address (Street, city lown or county DUNE 16,1967 | PARK WOOD CO. MD. AND A NA Milanes



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 361 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE the funeral res 2 and 2 PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY TY OR TOWN (If outside corporate limits, TY OR TOWN (I obiside corporate lunits, write RURAL and give nearest town) E. LENGTH OF STAY N 16 Aq. write RURAL and give nearest lown) TONSY 2 filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6. S RES DENCE d. STREET ADDRESS DN A FARM? c NO be 70 ofmpletely in the count within NAME OF Year Middle HET EASED BF DEATH (Type or print) 19 € FUNDER . YEAR IF UNDER 24 HRS 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARR ED last birthday) Months Days remon DIVORCED 11/ BiRT HPLACE (Clienty & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ę 10b. KIND OF BUSINESS OR CITIZEN OF WHAT and it NOUSTRY COUNTRYS Mary land physic n p ea FATHER'S NAME KOI olovec Then pa 4 15:NJ ed by the attend trans t permit cremation, or re .5. WAS DECEASED EVER IN U.S. ARMED FORCES* DIFORMANT Address CAUSE OF BEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH burial-trans burial, crem PART I DEATH WAS CAUSED BY month or attend ng physician. signed uriai-tra **DUE TO** Conditions, If any, which (0) Deer gave is to immediate 出記 DUE TO cause (e), stating the ds the prior t underlying couse lest. PART I OTHER SIGN PICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART (1a) WAS AUTOPSY ficate PERFORMED? YES NO F 20a. ACC DENT WAS UNDERLY MG OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW WHITERY OCCURRED. (Enter nature of injury in Part 1 or Part 13 of frem 18.) 당 먑 (IF E THER, NOTIFY MEDICAL EXAM NER) detache 콩 TIME OF NJURY Month, Day, Year | 20d. NJURY OCCURRED (State) 20e PLACE OF INJURY (Nome, Farm, I (County) (Cfly or lown) factory, street, office bldg., etc.) should be Hour a.m. ō3K W/3110 Not While OR ATTENDING I at work at work Vune 12 19 6 2 that (1) (we) last TO FUNERAL DIRECTOR: A director page 3 should should be filed with the 21. I certify that (i) (this hospital) attended the deceased from Zand that death occurred at 33 M. from the causes and on the date slated above 6 saw the deceased alive on. deine a 19 22b. DATE S GNED 228. SIGNATURE STAFF JUNE 14, 1967 M.D. DIRECTOR. PHYS. 9 HOSPITAL PHYSIC/AN'S 22C Page 4 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATOR DOGAT OH IC Ity, Lown or county) REMOVAL (Specify) 201 14 FUNERAL DIRECTOR VR ALS (4) 2DM /85





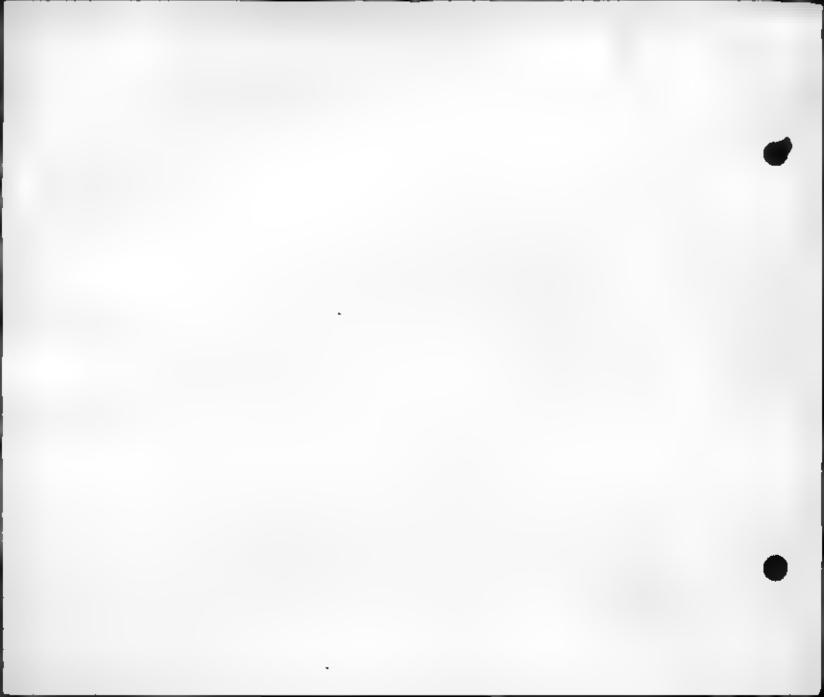
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased the of in the Residence before non-neca. COUNTY Poge MARY AND b CITY OR THEN IT not us in purate limits ENGTH OF STAY IN 16 2, and P.M.3. P write KUXA; and give neares snwm d MAME OF BOSPITA, OR INSPECTION All had in haspital one street address RF' DFN Office along with form the orms Give Pages MAME OF M ddla Month DECEASED OF special profit DEATH INDE 9 461 7 75 11 45 6R land2 with 7 MARRILD NEVER MARRIED fost birthday) Months Donn D-MARKED JUAN DIE IPA ION I LEVE KIT JI BI WORK done BUSINES OR ZEA JE WHO gring most of working the agent recised a **COUNTRY?** hours after US Social Security 4 MODINER WHATEN MANE 1 Ben anus Œ. Exa ankrewe it we awawon within 105 the Chief Med NTERVAL BETWEEN CAUSE OF DEATH PART DEATH WAS CAUSED BY Mard BUTE ghy condition it in whitegove ġ 100 at 25 2 H о noting the indexy a duse farwarded farwarded 5 THER CONTRACT ON THE TRACK THE THERE WITH RESTRICT THE TRACK THE THIS PARKED O 19 WAS ALTOPSY FFF KN WES THO PE ä 70a EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED "Enter nature of hwyry in Port or Part II of Item 8. 3 shauld PRIMARY I OF FON RIBUTING I LOUSE OF DEATH PH.S TIME OF INJURY Month Day Year THE HALLIS COLD USER. " PLATE OF WILLY Home form If ourty ractory street, office bldg lets. White A Not White E ₹ bolk morge in the initial distribution as need an Allicos. 2 | certify ha aper or 🗽 ng y and in my opinion Noturo couses Mi death resulted from Audent . Suscide Pamicide undetermined manner HIES ME" & XAMINER may be re funeral o 23e B P - Gk M ~ 2 R M (VA) M. RUNERAL DIRECTOR 750. REC D BY REGIS RAR 256 REGITERAN'S SIGNATURE VR A SME 6M 67



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"	& COUNTY b. STATE , b. COUNTY
-	b. CITY OR TOWN (if outside corporate limits. 4. UNGTH OF STAY IN 16.
	write RURAL and give neerest town)
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CATION	1/- YIS
CERTIFIC	206. EXTERNAL CAUSE WAS 286. DESCRIBE NOW BY UP OCCUPAGED MAIN notion of internal or Part for Part II of Item 18 ,
MEDICAL	20c. TIME OF NIURY Month. Day Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form. 20f. Chy or town) (County) Hour e.m. White Not White No
N N	p.m. 19 el work et werk
	21 I partisty that look charge of the remay/s described above, held an Autopsy Inspection I Inquiry and in
	death resulted from: Natural causes 🖫 Accident 🔲. Suicide 🔲. Homicide 🔲. Undetermined manner 🔝
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2 USUAL BESIDENCE (Where decessed lived if praintition, Rendence before admission I. PLACE OF DEATH e. COUNTY 6 COUNTY MARYLAND 3ALT MORE ALI, MURL MARYLAND b. CITY OR TOWN |if outside corporate limits. CITY OR TOWN It outside corporere limits with RURA; and give nearest lown & LENGTH OF STAY IN ID weits \$110 At and give nearest lowers BALTLMERE IS ALTIMORE d. NAME OF HOSPITAL OR INSTITUTION If not in hospital give street address: d STREET ADDRESS ON A FARMS YES [] NO T MAMS OF Fical Middle DECEMBED DEATH (Type of print) 1967 EIKIN 8 DATE OF BIRTH 5 SEX 9 AGE TO YEAR IF INDERTIFEAR IF UNDER 24 HRS. 4 COLOR OF RACE 7 MARRIED X NEVER MARRIED but buthday Months WIDOWED [] DIVORCED [] NOU. LH 10s. USUAL OCCUPATION Give and of work IDE KIND O BUSINESS ON INDUSTRY IF BU HP A State, or fore on country. 12 CITIZEN OF WHAT COUNTRY! done during most of wasking title, even if retired CONN NEW BRITON SALGSMAN 13. FATHELS NAME M TIHER S MAIDEN NAME DERNARD 15. WAS DECEASED EVER IN U. ARMED FORCES 6 GOCIAL SECURITY NO Ad dress (Yes, no. or unknown). ((Fyet give we) or determinent 18 CAUSE OF DEATH Three only one cause INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE & DUE TO Conditions if any which peye rise to mmediate couse. DUFTO to steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTING! PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19 WAS AUTOPSY PERFORMED NO II 20th DESCRIBE HOW IN JRY OCC REG "Enlag mature of inju in Person Part II of iam IR 208 ACCIDENT WAS UNDERLYING OR ONTRIBUTING CAUSE OF DIATH 204 HUNDRY OCCURRED 20s. PLA E OF BUILTY Home form. 20f City or rown. (Countri teller. 20c TIME OF BUJURY Month Day Year factory street office bidg atc. White Not White en work ___ en work _ p-m , 190 / Than () (we) ast 21 | cortify that . . (this hospital), a rended the deceased from and that death o curred at / M. from the caulity and on the date stated above. saw the deceased alive on 22s. SIGNAT IRF ATTENDING. MARD m PHYS DIRECTOR 27c PHYSICIAN S 22d ADDRESS NAME (Type) 23s BURIA CREMATION 235 DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 234 LOCATION City lown MALOY AL (Specify HAR SINGL QUIN45 IS URIA L 24 FUNERAL DIRECTOR'S SIGNATURE SHLORA S. Liwis + Jor Inc

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MARYLAND STATE DEPARTMENT OF HEALTH VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MAR

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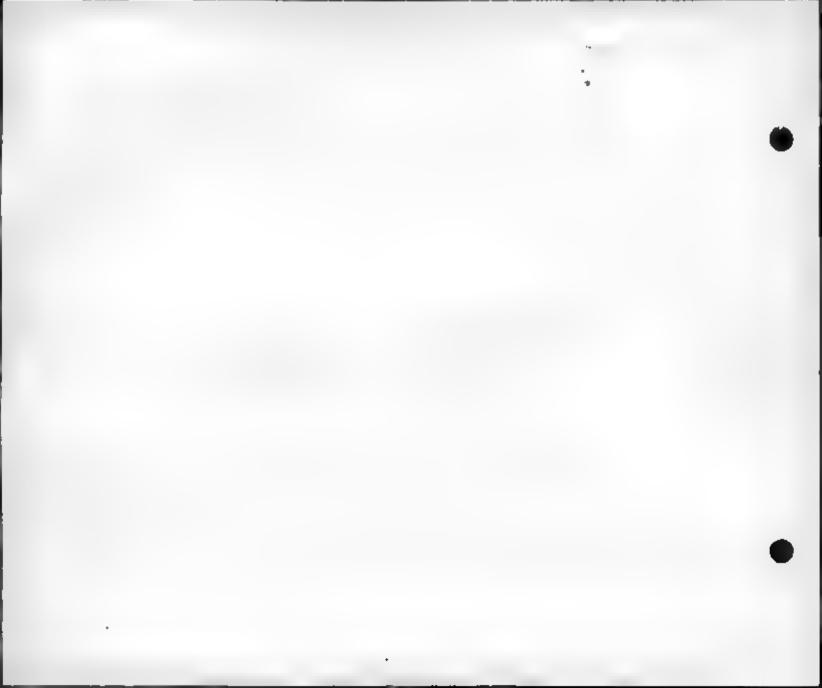
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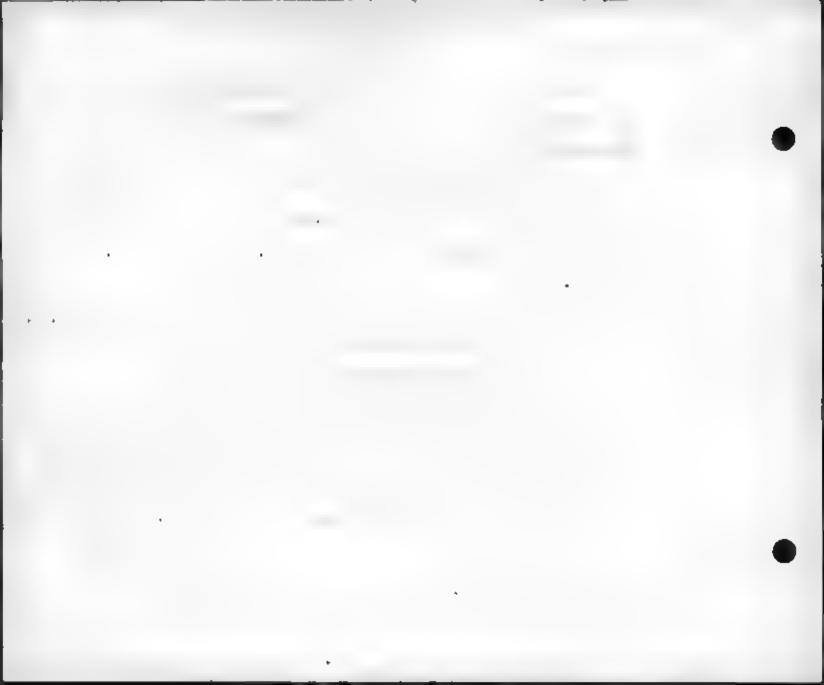
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MARYLAND STATE DEPARTMENT OF HEALTH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 97825 CERTIFICATE OF DEATH ? USUAL RESIDENCE (Where deceased lived, if institution Residence perora admissional I PLACE OF DEATH COUNTY b CITY OR OWN If outside corporate limits ENGIN D STAY IN & TTY DR TOWN write RL RAL and give negrost town, MORKI d NAME OF HOSPITAL DR (ASTITUTION IN not in hospital, give street uddg:ss; H STREET ADDRESS e IS RESIDENCE DN A FARM 4 DATE Middle DE EASED Type or pant's DEATH 5 5eX B DATH OF BIRTH 9 &G (III rears IF JNOER los birthday Months Hngr⁴ WIDOWED DIVORCED 10a JS 161 Q. TaPATID N Give kind or work done Ob KIND OF BUSINESS OR 7 T. ZEN OF WHA Œ. serbiticate be during more of working life even if rateed) physydon c QUNIRY* INDH\$1RY 3 FATHER - NAME 4 MOTHER'S MAIDEN NAME WA DE ASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO (Yes no or unknown) (II) yes give war or dates of service) B CAUSE OF DEATH (Enter only one couse per line tor .o' by one (t NICKVAL RETWEEN ONSET AND DEATH PAR" DEA H WAS CAUSED BY Props IMMEDIA CARISE O DOT TO Di rid and teens if any which gave nia o mmediata (ause (a)) DUF 10 sinting the inderlying duse PAR' II OTHER SIGNIFICANT CONDITIONS ON BIBLING TO DEATH BUT NOT RILATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART TO 9 WY 6 19PS PERKURMEN? NL DE OR ATTENDING PHYSIC, AM: GF87[F] 206 DE CRESE HOW INJURY OCCURRED. Enter notice of highly in Port, or Point I of them. B. 20a AFCIDEN' WAL INDERIYING □ OR ONTRIBUTING L. AGSE OF DEATH Ched (IF EITHER NOTHY MEDICAL EXAMINER) 20k Table OF INJURY Month Day Year 20d IND BY OCCURRED 30e PLACE OF INJURY Slome form July priligwa 45tote Hour o.m. fortory street office bldn, etc. Nor While of work of work that if well last 21 | certify that (this hospital attended the deceased from sow the dereased a ive on TO FUNERAL DIRECTOR 220 SIGNATURE 76 DAT SIGNIFIC TAFF M.D. CHIRE TOR 22c PHYSICIAN'S NAME (Type digerta should l 134 NAME OF CEMPTERY OR LE MATORY 23o RURIAL REMACION 23d O & ION TITY OF DWY P MOVAL Specify 30/2/14 24 FUNERAL DIRECTOR 756 REC'D BY REGISTRAR VR A 5 4) 25M 67 L'LLRICH FUNEILE HOME 4210 BELLIN BI



MARYLAND STATE DEPARTMENT OF HEALTH DIV SION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07826 CERTIFICATE OF DEATH PLACE OF DEATH JSHAL RESIDENCE Where deceased level if institut. Residence before admission o COHNTY P CONNIA Maryland Baltimore Baltimore MARYLAND b CITY OR TOWN 41 outside proporete limits ENGTH OF STAY IN IN TTY OR TOWN It outside corporate limits, write RURA, and give nearest town write RilkAt oud give neglest town; 2vr7mthldv Catonsville Catonsville d STREET ADDRESS P RESPONDE d. HAME OF HOSPITAL OR INSTITUTION IT not in ligisprial give littled address 1055 Maiden Choice Lane STATE HOSFITAL NO NAME OF Middle 4 DATE DECEASED 67 Li sowaki June Lanora DEATH 9 AGI In years B DATE OF BIRTH IF UNDER 24 HRS & CHICK OR RACE 7 MARRIED 🖝 NOVER MARRIED. igst birthday Months. Dog Nov. 2. 19.9 female white WIDOWED DIVORTED On ChoAr Dr. JPATIAN Knive kind of work done 106 KIND OF BUSINESS OR BIRTHPLACE (County & State or foreign country). CONTRACT WHA during mos, of working the eyen fredired housewife NOISSTR % Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if in titution Revidence infore admission o. EQUINTY b. COUNTY MARYLAND b. CITIC IN TOWN III and side corporate firms. ENCTH OF JAY IN B. TTY OR TOWN If outside influide limits write RURA, and dive nearest lawns CATONSYI//e A TONS VII d NAME OF HOSPITAL OR INSTITUTION If not in hospital give street address. a 15 RESIDENCE NAME OF Middle Year. **Чементо** DECEASED "pe or post" DEATH SEX 9 4Ch in years 7 MARRIED NEVER MARRIED IF LINDER TEAR Mearly MOUA! WIDOWED [DIVORCED Pue On UNUAL DI PAHON (Give kind of work done 106 KIND OF BUSINESS OR THE OF WHA duting tides 1 werking all even it retired → MOUSTR) 3 FATHER'S NAME 4. MOTHER' MANDEN NAME S WAS DECEASED EVER IN ... ARMED OR J. 16 SOCIAL SEGURITY NO 7 INFORMANT Yes no grinkagwa. (It jes gwe wor or doles of service) 6/25 When TLANO Adelaide Gemphon 18 CAUSE OF DEATH 'Enter only one dusa per one for all (b), and COND. FML DEPTH PART DEATH WAS LAUSTE BY MMIDIA'S AUSS OF Conditions, ill any, which gave 1 61 ME 7 POTPOES ise to immediate duse of, DUE TO stoling the underlying oute paeu 9 WAY ALT TROY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DICATH BUT NOT RECATED TO THE FEMALINA, DISEASE ONDITION CIVEN IN PART III PLRE IRAGE NO [20e of DENS WAS INDIREVING] 206 O SURIBLE HOW INJURY OCCURRED. Their nature of apprecia Part, or Point II or Item, 8 OR CONTRIB: TING CLAUSE OF DEATH TE FITHER, NOTIFY MEDICAL EXAMENER MEDICAN. 204 INJURY CYC IRRED 2De PLNCE OF INJURY. Home form 26: Mir OF WIDEY Month Day Year " dy di 10wa Placety. No White e Нашта т fortury street office oldurer at wark ___ or work 19:1 to 2 I certify that I) (this hospital) attended the deceased from 12 to 2 19<u>4.7</u>, that (i) (we) just

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MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT MORE. MARYLAND 21201 97812 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH LAURA, HELEN ent a haspelal a sas il- ann, give sheet FULL NAME OF IOIBEAUMONT AUE CATONSVILLE HD BEAUMONTAVE Unde-ON USUAL DECUPATION GIVE KIND OF BUSINESS OF NO WHAT COUNTRY adone during most of working life even it retired SHOUSEWIFE RACHUBA 15. Was Decreased Ever in J & Annual Forces Tell, no of unknownill yes, give wor or doles of service DISEASE OR COND TION DIRECTLY CHRONIC PYELDNEPHANY LEADING TO DEATH This does no mean the mode of dying, e.g. happil forture as huma, a c means the disease Left NEPHRECTOMY must as complication which coused death ANTECEDENT CAUSES UREMIN DISEAJES OR CONDITIONS. se to he above couse A stolling the LINDERLYING CONDITION ASL OTHER SIGNIFI ANT " YNDIT YNS CONTRBUTING TO THE DEATH BY NOT BE ATEN TO THE 22 I cert by that I (this bootto atlended the deceased from 4/1/9 19 & Z and that In(my) (our) ap on death accurred an the date Ithor we) (our sow the deceased a ve on and hour and from the causes stated above. I (\$60 (d d (disente)) view the body after death. 1200. ADDRESS MO, 1801 FREDERICH

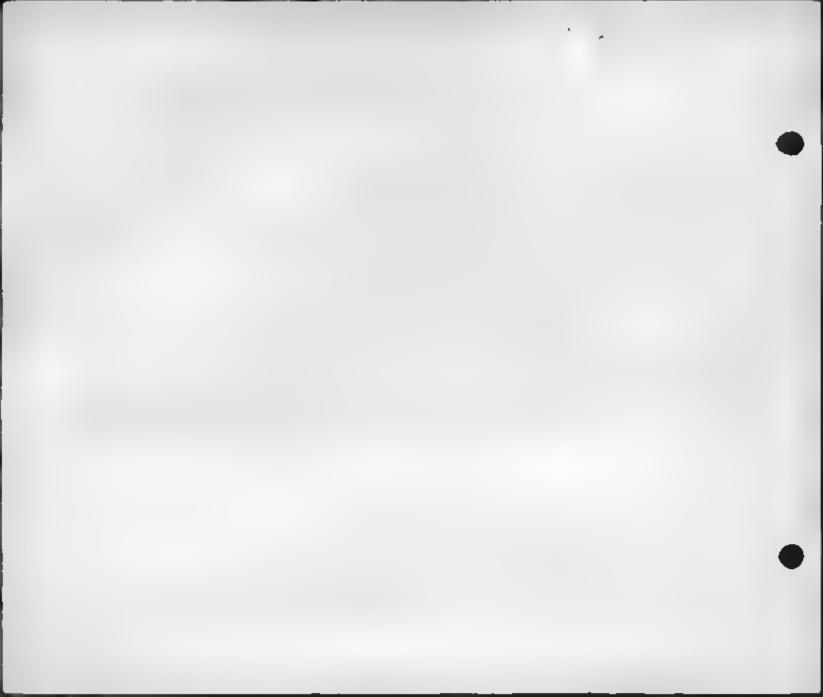




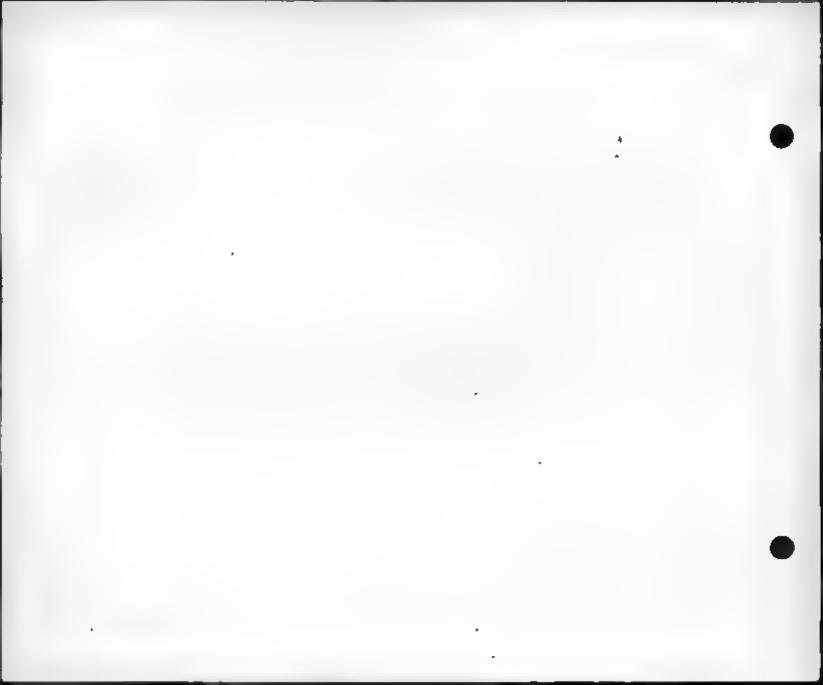
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH JSGA: RESIDENCE Where detere or e lefter de-Maryland Baltimore YOR WHILE PERSON ENGLISH THE AVERS of west RARA in give necessary was weste RURAL and give hearest town Baltimore Texas d ward OF HOSPITAL OR INSTITUT ON III not a hospitol, give street oddress) d STREET ADDRESS # IS RESIDENCE 3112 Remington Avenue 3 NAME OF a bate DECEASED JOSEPH. MARTENS JOHN June 18. 19 67 900 H 300 DEATH 577 9 But year T sk A GLIR BRIRD T a JN 42 MAKRIED 5 YER MARR 9 061 HI GIR BE Daniel D. L. White WIDOWED Male To all PATHA avek 4 work-doors OF KIND Y RUSSIES R 31 654 eign to Iry during mostor working life leven it retired) BOWF 13 FACHER'S NAME 16 MCTHER'S MAIDEN NAM HOWARD , WA DE ART EVER NOW ARMST FOR " INFORMANT 5 JULY NO IS IN 15. 6 at we we give we a set order YPL BEMINGTONAN Place REWIND R CAUSE OF DEATH ONSET AND DEATH PART DEATH WAS CAUSED BY event Drowning MIMEDIATE CAUSE 103 pring ÀuD. Conditions if any which gove 1 nse o rimedione pulle di-DUE TO stating the underlying couse. 6 "THER "SMIREAPT ON "YORK IN RISITING TO SEATH BIT BICK STATED. "HE RIMMAN INVOICE ME ME ON IN PAR 4 400 P. K. DRWE NO IX " XTENA, AU WA 295 OF RIBERTON INJURY OF TREE OF HOLD # THEY OF THE RM B PRIMAR X TEN RIP TINE -6 Drowned while swimming in quarry 6 if if ATH COST NEW YORKS 5. IN STURY Month way feet ape Par it We want of white IX 967 Baltimore, Md 21 certify that link thange at the lemans, dear denotative held an Allipy .] n.spect.on X and it my Heath resulted from Nor inclinaises (Accident X Solvide 1 Je dereimi lad mograni ramilide . CHIEF MEDICAL EXAMINER 22 DATE SIGNED iggid. 6/19/67 Spitz Hea + AME IN MERCENIA IN as R TRAV MARK VR A ME ST



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MARYLAND STATE DEPARTMENT OF HEALTH D VISION OF V TAL RECORDS. 301 W PRESTON STREET BALT MORE MARYLAND 21201 M.E. Release FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH BSUA, R SIDEN'S Wiles Body Jes P. · COUNTY Baltimore Maryland AY IS a 4 -10 166 h is in the PIRO of personnels we er te R. R. v. in gine ie re-Baltimore o NAME OF HEAD A DRING OF THE BOY TO BUT OF A figure matter. IS T ADDRE St. Joseph Hospital, 7620 York Rd. 21204 1209 Cochran Avenue 21212 NAME OF 4 DATE DecEASED MC CANN EDWARD FRANK DEATH 6 R R RAG 9 101 TH BIR H MARKIE NOVER MARRIE White Male 6-20-93 WIDOWED . Si Co IPA The greend work done ning mpg i gwirk in die gyge institted. Printer (Books Baltimore, Md. 4 MOTHER MAIDLIN MANAGE A HER NAME John McCann Ellen Dillen WALTER A TOPRON ARM THOSE NFORMANT Wife: Georgia McCann(same) S. CA. SE OF DEATH PART DEATH WAS JAUSED BY MMS JOAN CAUSE Conditions, if any, which gave med are dile at THE TRANSPORT OF THE TRANSPORT OF THE STATE OF THE TRANSPORT OF PERFORMED a X P of fall V 역 위원 (제) 🎾 2 | certify that think thinks Tide 1.4 Hamidide Judetermined manner CHEEF MECHCAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL MAMPHER 14 1 Address Street (illy town or county New Cathedral Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR or Road RAR Subject VR A15ME SE Leonard J. Ruck, Inc. Balto, Md. 21214





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

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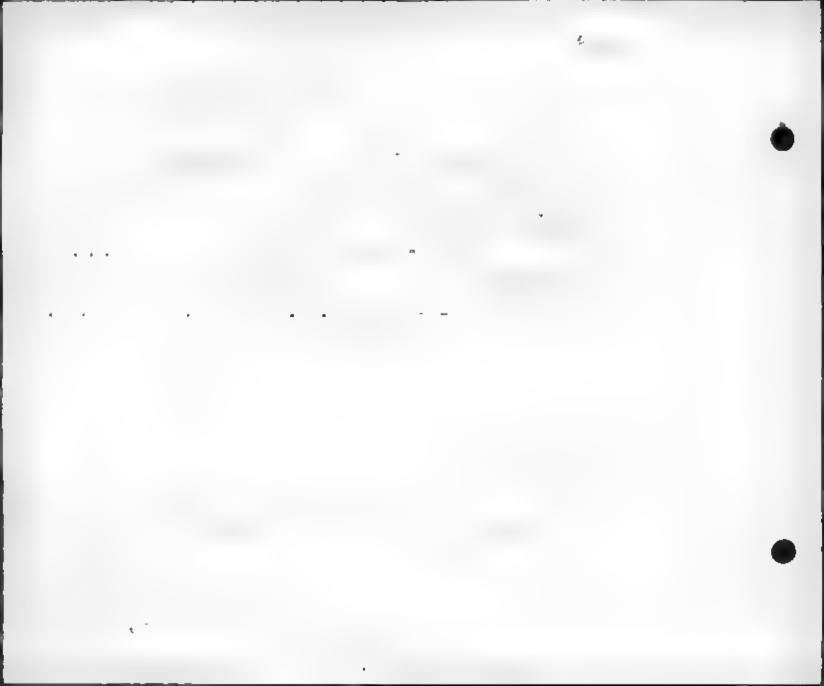
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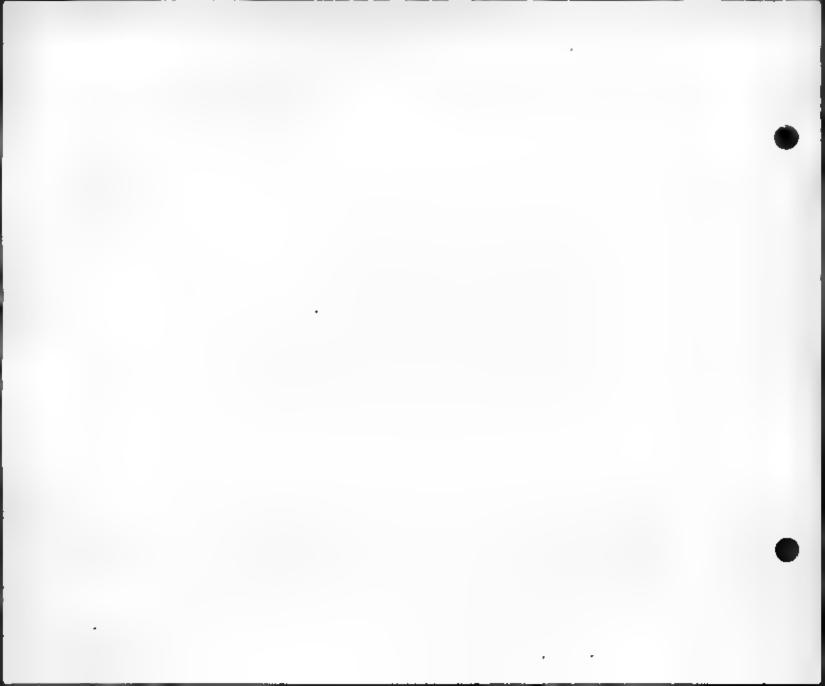
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97836 CERTIFICATE OF DEATH PLACE OF DEATH 2. MSMAL RESPORNCE (Where deceased lived, if institution: Residence before admission. 13 My B THINTY TO OR TO VAN THE UNIDE ENJOYATE AMIN LENGTH OF STAY ME . 6 wide Rakki and give neured lowfill IS RET DENS If not in haspitot, give street add/ 4 STREET ADDRESS ON A FARM NAME OF 4 DATE DECEMBED (Type or print) VU NIAN DEATH OF OR RAN 7 MARRIED NEVER MARRIED Mantho Days Nours WIDOWED IDa USUAL OC. PATION Give bind at work done DID KIND OF BUSINESS OR 2 C FIZEN OF WHA during most of working life egregat retreed! (NOUS: RY 3 FATHER'S NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO. 7 HMEORIMANI (Vies, no, or agknowe). [If yes gare wor or dotes of service) INTERVAL STOWERN IB CAUSE OF DEATH Enter only one couse per line for .o., .b., and ..., QUALIT AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE JALISE (O) DUE FO Enndirions ill any which appe usu to immediate dust di DUE TO stating the underlying course WANA PSY PERFORMED? PART II OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRANKAL DISEASE CONDUCTOR GIVEN IN PART TO 100 206 DE ARIB. HOW INJURY OCCURRED (Enter noture of lowery in Part of Part 1 or Hum & 266 AC DENT WAS INDERLYING TO OW FOR RIBUING F. AUST OF SHAPE IF FYTHER MOTIFY MEDICAL EXAMINER 20a INJURY OF TRRED 20e PLASE OF IN. JRY THOME form. Sinter 20x IME OF INJURY Month Day Year If 'y at fown, ġ. Ница от foctory treat other bidg, an Not While at work L of work 19 this hospital) attended the deceased from certify that and the death occurred at 9 400 M. from Lauses and on the date stored obove saw the dereased alive an 22o. SIGNATURE M.D. 22d ADDRESS 22c PHYSICIAN'S NAME Type D.A. BRUCE 73d DLATION ISSUED TOWN 230 BURIAL CREMA ON 235 DA THER TOF 23. NAME OF THE RY OR REMATORY **Rounty** REMOVAL (Specify Balto, City, Md. Burial Western Cemetery 24 FUNERAL DIRECTOR ayen Wm. Cook-Brooks, Inc. 1217 St. Paul St. DATE





MARYLAND STATE DEPARTMENT OF HEALTH Division of STAT STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY, AND 21201 07838 CERTIFICATE OF DEATH USUAI RESIDENCE Where deceased lived it institution. Residence before admission MACE OF DEATH Lert figging be executed within 24 hours often deat the fune a 100NBaltimore o S'Maryland b JOHN'Y MARYLAND b CITY 18 TOWN 16 notside corporate limits ENGIH O STAY IN b TY OR TOWN If authide corporate limits, write RURA, and give nearest town oan papers. Page within 72 hours al 告題『地名記録を記録 neares' town! Life Baltimore 21234 d. NAM, OF HOVE A, OR INSTITUTION If not in havairal, give street address? d JTREE ADDRESS IS RESIDENCE ON A PARM 2813 Alden Rd. YES NO SE St Joseph hospital Pod 3 NAME OF First. Middle 4 DATE Month arban DECEASED QF (Type or print) BEATH Phomas Mc Manus 9 AGI SIX 5 COLOR OR RAW. * MARRITO NEVER MARRIED DATE OF BIRTH In years DVB dest birthday Ogy. Male 9/30/1878 White WIDOWID -DIVARUED Dupud! BIR NPI A County & State or rareign country 2 C TIZEN OF WHAT So USUA: Or "JPATION" (Sive kind of work done. Ob KIND OF BUSINESS OR physicity MOUSTRY Balto, City OUNTRY? Retired Police Maryland USA 4 MOTHER'S MAIDEN NAME 3 FATHER S NAME anding proremovol Alice Francis Patrick McManus T INFORMANT 16 - ODIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Pres. me of unknown: (If yes give war at dates of service) 220-44-1347 Mr. W. Wagner (Same) ö otter crematio" MEGRYAL BETWEEN B CAUSE OF DEATH (Enter only one duse per one for (a, (b) and (c) 바 -Ironsi-OWSE AND DEATH DEATH WAS LAUSED BY Congestive heart failure IMMMEDIATE CAUSE FOR ž DUE 10 Signed buriof-it buriof, c Arteriosclerotic heart disease Conditions if any which gave nse to mmed are ause a) DUL TO sighing the underlying lituse рвеп 00 ő 9 WALAGTERS) PERFORMACY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF THE PART OF Adams-Stokes syndrome NO F certificole þ 20% AS IDEN' WAS GNOTE YING] 205 DESCRIBE HOW INJURY OX JERRED (Enter notice of injury in Part I or Part of Nem B. OR THE RIBITING LAUSE OF DEATH etoched (IF EITHER NOTIFY MEDICA, EXAMINER) 20d INTURY OCCURRED 20s PLACE OF INJURY (Home form. (City at favor) (County) 20r TilMt OF INJURY Month Day Year (State Hour p.m. tostory simer affice bldg etc. Not White While gr work at wark 19 67 10 6/7/ 19 62 that We two last 21 | certify that \$\infty\$ (this haspital) attended the deceased train 6/6/ TO HOSPITAL OR ATTEND Page 4 may be relained 19.67, and that death accorded 3:300 M from causes and on the date stated above. saw the deceased alive an6/7/ D-RECTOR: 276 OATESIGNED 220 SIGNATURE June 8, 1967 PHYS M.D. PHYS afind 22d. ADDRISS 22. PHYSICIAN'S TO FUNERAL Lawrence F. Misanik, M.D. NAME (Type 7620 York Rd., Towson, Md. 21204 dire to ZJ. NAMI GET METTRY OR TREMATORY 230 BURIAL TRUMATION. 236 DATE THEREOF 23d OKA TON (Life or Town dStota 6/12/67. Holy Redeemer Ce metery Baltimore, Md. 250 RECIDIBY RIGISTRAR 24 FUNERAL DIRECTOR ADDRESS. 20 M I 60 Leonard J. Ruck, Inc. Balto. Md. 21214



MARYLAND STATE DEPARTMENT OF HEALTH



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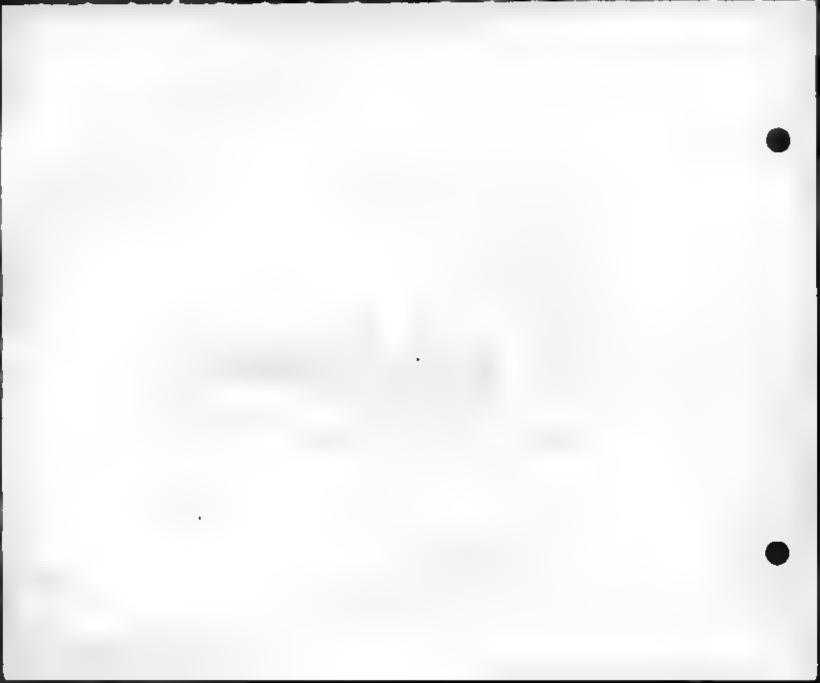
TO DEPUTY ME. EXAMINER. This certificate should be executed within 24 hours after death. If any delay pressary please execute case here here is and 3 mineral director. Page 4 should be forwarded to the Chief Medical Examiner's Diffice along with form PM3. Page 5 may be retained for your files.

TO EUNERAL DIRECTOR Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

SEL A SIME 1/6.

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	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND
	27840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 27522
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	D. CITY OR TOWN (If outside corporate limits, or LENGTH OF STAY IN 16 COLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (H not in hospital, give attrept eddress) & STREET ADDRESS & IS RES DENCE
	218 JP. D.+ P. D. P. C. & Cho IN IT FORMAL YEST, NO DE
	3. HAME OF DECEASED (Type or print) Day Year DEATH (S 19 4)
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ı	100 USUAL OCCUPATION (Give kind of work done 100 Kind OF BUSINESS OR 11 B'RTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY?
ŀ	12 FATHER'S MAINE 16 MOTHER'S MAIDEN MAINE
ı	FRAK M NAIN 534 PTUHS
ľ	15. WAS DECEASED EYER N.J.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, on, or unlown) If yes give way or dates of service)
ļ	Mrs HADLE MIRAL DES JAN + /p.
	18. CAUSE OF DEATH FENTS COLIS ON BOUSE PET INTO FOR (6) TO, and (c) TO COLLEGE ON ONSET AND DEATH ONSET AND DEATH
	Gonditions, H ony white to immediate cause (e), stating the DUE TO DUE T
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ı	PART OTHER SIGN F CANT CONDITIONS CONTINUED TO THE LATED TO THE TERM HALD SEASE CONDITION GIVEN IN PART 1421 19. WAS A TOPSY PERFORMED YES NO NO.
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	20c. T ME OF RJURY Month, Day, Year 20d. INJURY OCCURRED 20a PLACE OF IN JEY Home, farm, 20f. [City or town] (County) (Stafe) Hour e.m. Yhnie Not White laction street, office bidg., etc.
l	21 I certify that I took charge of the remains described above, held an Autopsyand in my opinion
I	death resulted from Natural pages Accident
l	ACTUAL THE C CONTROL M.D. ASS STANT MED CAL EXAMINER 7 22. DATE SIGNED
	EXAMINER'S THOO. C. PAH-CRSON, Mr. DADDERST (Street, City Town, or county)
1	236. BUT AL CREMATION, 236 DATE THEREOF 23r NAME OF CEME ERY OF CREMATORY 234 LOCATION ICHY TOWN OF COURTY 1 (\$1816)
1	24 FUNERAL DIRECTOR ADDRESS 1. M. FOLK PEG STRAN 25b. REG STRAN SIGNATURE
	Hobbus & Dut I. H 17 LANCERS ST DATE JUN 8 1987 PCharles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT-MORE, MARY-AND 21201 0.7823CERTIFICATE OF DEATH PLACE OF DEATH 2 USBAL RESIDENCE (Where decreased leved. If lestitution: Residence before admission) o COUNTY o State Maryland P. COURLL. Baltimere MARYLAND h CITY OR TOWN (If outside corporate limits, LENGIN OF STAY IN 16 ITY OR IOWN (If outside corporate limits, write PURA, and give nowes) town write RUEAL and gere newest town Baltimore 21212 ROBWO d NAME OF HOSPITAL OR INSTITUTION IT not to hospital give street address. PERFEDENCE ON A FARM d SIRE T ADDRESS 1124 Ramblewood Read St. Joseph's Hospital NO PE NAME OF 4 0A7E M.eddle Month campletely major arban uty event, will Y po PE FASED ARGYLE OF. 29, June 67. DEATH 7 MARRIED 9 AGF in year-FIJNDER I YEAR IT CHOSER 24 HRS 5600 6 COLOR OR RAUL 8 DATH OF BIRTH NEVER MARRIED ips Dirthdoy Hear July 18, 1900. Male White WIDDWED DIVORCED 10a JS 14) OF JPATION Give kind of work done OF KIND OF BUSINESS OR BIRTHPLACE | buoty & Stote or rereign purificy ZEN DE WHA OUNTRY USA duringenous aworking life even it pured)
Retired Auditor INDUSTRY Maryland pup 3 FATHER'S NAME 4 MOTHER'S MAIDEN NAME removal Eugene Mettee Agatha Wiessner 4ddres BY WAS OF ASSIDEVER IN ... ARMED FORCES? 6 SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) 6 Mrs. Mabel L. Mettee (Same) 8 MIERAY, DE DATEN 8 CAUSE OF DEATH (Enter only one rouse per use for (o), (b), and (c),) ONEFT AND DEATH PART IL DEATH WAS CAUSED BY IMAMECHATE CAUSE TO 600 DUE TO conditions I any which gove fb' ise to immediate couse (b), OUE TO stating he underlying duse 9 WA 4 TIPKY PER IRMSG? PAR II OTHER JIGHIFICANT CONDITIONS CONTRIBUSING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION CITYEN IN PART ... YES -100 FF7 20b DENCRIBY MOW NO. BY OUT RRED "Enter nature of injury to Part, or Part, If of them, B 200 A DENT WAS UNDER YING] this to-OR CONTRIBL ING CAUSE TO DEATH THE PUBLIC NOTIFY MEDICAL EXAMINER MEDICAL The PLACE of INJURY Home aim 204 INJURY OLG SERFO TIME OF INJURY Month Doy Year Is its or town county. Stote Hour our. factory street, affice bldg. etc. Not While at work 21 I certify that (I) [this hasp] tathoriended the deceased from and hal death occur ed on the " of M fram couses and sow the deceased awy on 220 SIGNATURE M.D. CHRELTOR 22d ADDRESS 27: PHYSIC AN S NAMECTADA shauld ' AS NAME OF MITTERS OR REMADORY 23d. LOCATION (City on Town) 230 BURIA REMATION Kountry Burial Meadowridge Mem. Cemetery Elkridge. Md. ADDR (SS 24 FUNERAL DIRECTOR HONATUR LeonardJ, Ruck, Inc. Balto, Md. 21214 DATE

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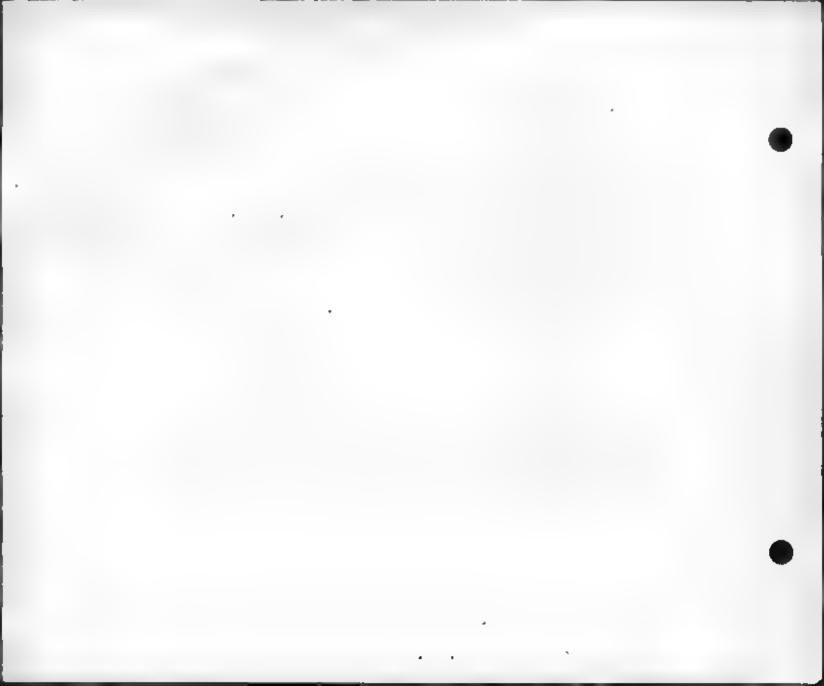
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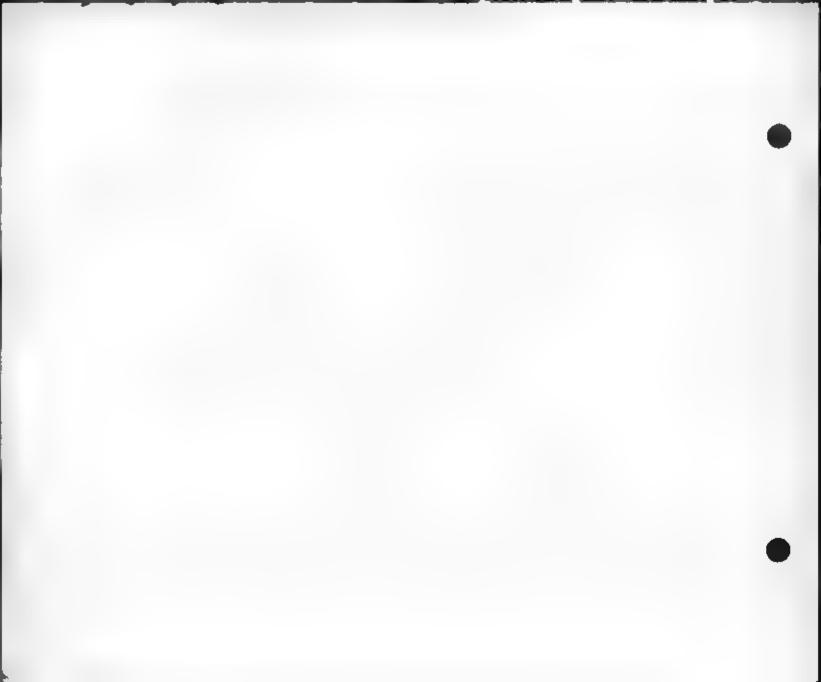
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours of som death the funera tages and roate death 2. USUAL RESIDENCE (Where deceased lived of months into Residence before admission PLACE OF DEATH 6 COUNTY a. COUNTY Paltimore Maryland MARYLAND by the Pages LENGTH OF STAY IN 3 CITY OR TOWN (It conside proparate timits write RDRAL and give neglect rown 5 CAN OR TOWN II nutside proposite limits RUT all Half and give repress tow. ाष गत 21234 Haitimere STREST DENTE filled in d MARRY OF PASPITA, OR INC. 19 ON Ill not up haspital give street address) d STREE ADDRESS papers ON A -ARM hyro Lut H YES TO NO IN 2.02 Pickering. Dr. ofe carban (Middle a DATE Manth Day Year MAME DE DECEASED PORTS QF 22 Miller 19 67 Ma June Cila DEATH death territions be executed IF .. ND[R YEAR OF UNDER DE HRS DLOR OR RACE 8 DATE O BIR H 9 ACF IP YEAR 7 MARRIED NEVER MARRIED Just perligat Dava 8/4/81 0 White WIDOWED DIVORCED Female Gug T 'FN OF WHAT So JAWAN JUPATION Trive send of wink done 36 KIND OF BUSINESS OR BIRTHPLACE gunly & State or foreign country). during man or working life even it retailed CONNERS ? INDUS RY Store Baltamory, Md. 20, 2 1202 E M. MOTHER'S MAIDEN NAME 13 FATHER'S NAME offending phys втауа Mary K. Krebs John T. Rollins 5 WAI DECEMBED EVER IN - ARMED FORCES? INFORMANT Addinass. 16 SOLIAL SECURITY NO permit Yes no prunk rown [1] yes give war or dates of service) þ ampfiel: 214-14-55 Paul A. Hader 6 NEERVAL BOTHSON 8 CAUSE OF DEATH (Enter only one squae per line for the. frons ! mat ONSE! AND BEATH PART I DEATH WAS CAUSED BY IMMEDIATE JAJSE (O) à 8 paubis bi id Conditions Tony which gove rice commediate ouse d DUE TO storing the underlying court Page 4 may be retained by the haspital or attending ÷ hos been prior to fast. S 19 WAS ATTOPSY PORFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) t this certificale hi detached for use ite Dept. of Health NO 1 200 AL DENT WAS UNDERLYING . 205 DESCRIBE HOW INJURY OULDRAND (Enter nature of injury in Port 1 or Part II of twim 8. OR ON RIBUTING AUST OF DEATH (IF EITHER, MUTIFY MEDICAL EXAMINER 20s PLACE DE NURY (Home, form 204 INDIRY DOCURRED Kity or town County 15101e 20c TIM: OF INJURY Whonth Day Year factory street office bldg, etc. Hour ours. White Hot White at work ATTENDING of work 19(5/ 21 I certify that () (this haspitary attended the deceased fram. and that death accorred of Mufram causes and on the date stated above sow the deceased give an O FUNERAL DIRECTOR 220 SIGNATURE 22b., DATE SIGNED MED BIRECTOR MJD. PHYS. PHYS abod 22d 22c PHYSILIAN'S NAM! (Type) d rector 231 MAME OF CIMETERY OR CREMATORY 23d DEA ION (City or Town) 230 BURIAL CREMATION 23b DATH THERED (County) States REMOVAL specifys Ad. mrial Cemetery -tutimore SS REGISTRAR'S SIGNATURE 250. REF'D BY REGISTRAP 24 FUMERAL DIRECTOR YEA 5 43 20 M



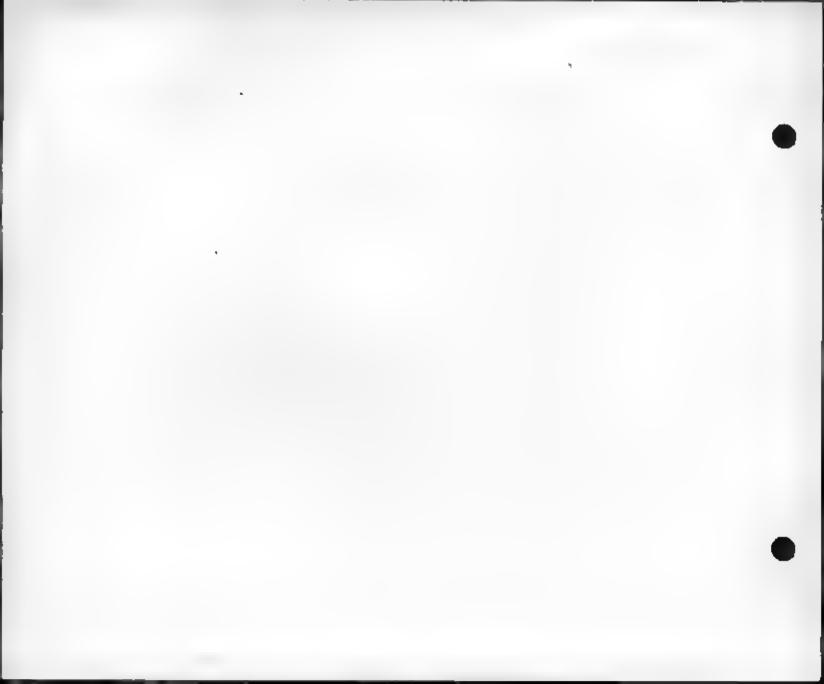
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTUN STREET, BALTIMORE 1, MARYLAND 27843 PLAGE DE DEATH CERTIFICATE OF DEATH death, USUAL RESIDENCE (Where deseased lived, If Institution, Residence before admission) a. COUNTY a. STATE b. COUNTY BALTIMORE CITY OR TOWN (IT outside corporate (Finits, write RURAL and give RESEES town) MARYLAND b. C(TY OR TOWN (it outside corporate fimits, write RURAL and give negrest town) C LENGTH OF STAY N 16 S Pag CATONSVILLE CATONSVILLE ≘ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS II. IS RESIDENCE 교 Within 72 ON A FARM? Ę 533 NO P $E \Lambda$ YES 🗌 remove carbon programmes of the control of the cont HAME DE Middle DATE OF DECEASED (Type or print) DC MILLE HEATH 1967 6. COLON OR RACE DATE OF BIRTH AGE IP years FUNDER . YEARNFUNDER 24 HRS. 8. ġ. NEVER MARRIED MARRIED ast birthday) | Months Days FEMALE FEMALE WYJTE WE 10s. USUAL OCCUPATION (Give kind of work done) during most of working if a. even firelined) W DOWED IV D YORCED [ä ALE JOB. K ND OF BUS MESS OR .1 BIRT HPLACE (County & State, or foreign country) | 12 CITIZEN OF WHAT nding physic ayr Then please removal, and 备 NOUSTRY COUNTRY? 8 FATHER'S NAME GNES HOSPITAL SALTINORI 14 MOTHER'S MA'DEN NAME aftending | MA 15. WAS DECEASED EVER NU.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT ò (Yes, no. or enknown) (Tyes give war or dates of Service) transif perm cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) signed ur al-tra lustal, cr DUE TO the bur a Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the Prior underlying cause last has 40 90 PART II, OTHER SIGNIFICANT CONDITIONS CONTR. BUTING PERFORMED? DISEASE CONDITION GIVEN IN PART ITS certificate CERTIFICAT YES NO L 흐 s certached to 201. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW NIURY OCCURRED. (Enter nature of Injury in Part I or Part I of Item 18. (IF E THER NOT FY MEDICAL EXAM NER) 80 20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 1 20f (City or town) (County) (State) State State factory, street, office bidg . etc.) Hour a.m. MEDIA While: - Not While After at work __ at work DIRECTOR A retained 19 21 I certify that (i) (this hospital) attended the deceased from 19/00 to. and that death occurred at ... A.M. from the cause wind on the date stated above. saw the deceased anve on. 22a. STONATURE DATE SIGNED 88 Page 1 ATTENDING PHYS DIRECTOR HOSPITAL Page 4 may FLHERAL I PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p NAME OF CEMETERY OR CHEMATORY BUR AL CREMAT ON 238 23c 23d. LOCAT ON (City town or county) /State REMOVAL (Specify) 0 FUNERAL DIRECTOR RECISTRAR'S BIGNATUR REC'D BY REG STRAR , 25b. 25a. JUN 6 VR 4 5 (4) ドアをカビベバ DATE 20M 45



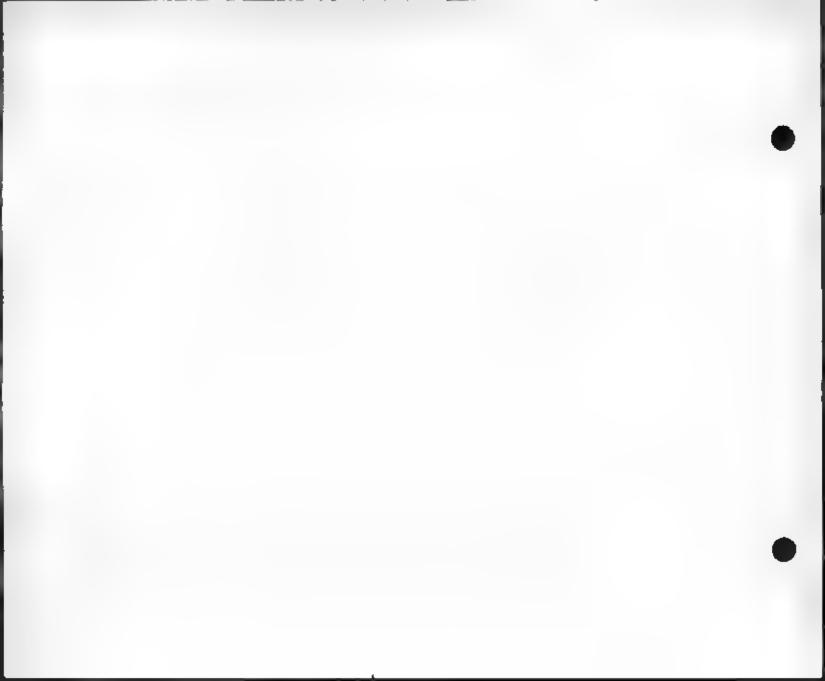
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ted within in pench of Examiner's Examiner's or removal	I.B. CAUSE OF DEATH FEnter anny one nause per Hear for (a), (b), and (c)]
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Series Series	21 Certify that i took charge of the remains described above, held an Autopsy , respection 2 + Inquiry and in my opinion death resulted from: Natural causes 4. Accident Suicide , Homicide , Undetermined manner []
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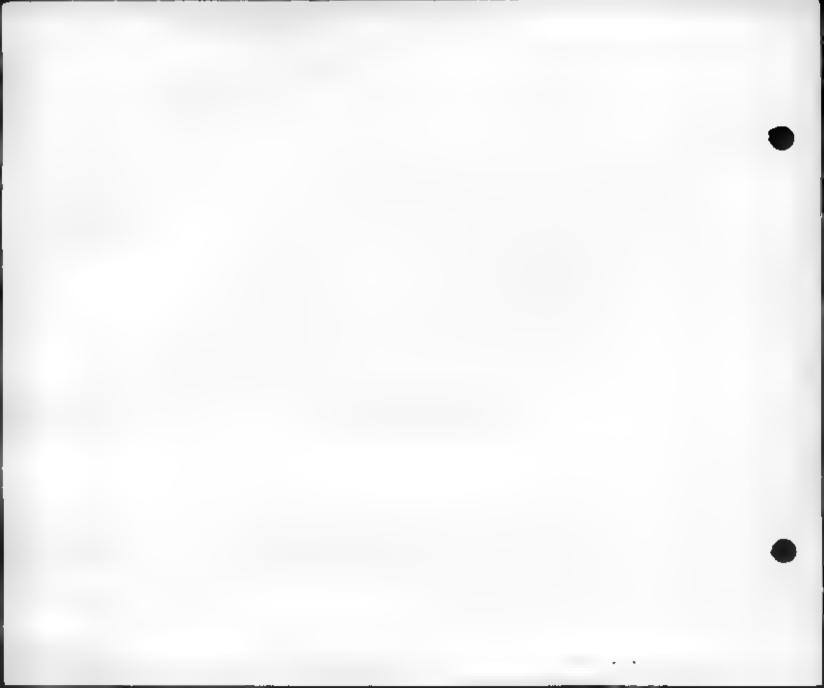
MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET BALTIMORE, MARYLAND 21201 DIV SION OF VITAL RECORDS 301 W MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLA + OF DEATH SOURCE RESIDENCE I'M deceased to the in Religion above done or SE TWO If it is deligated in the worte SURA inc. or in their A 16 the contraction St. ASHS 4 w HAME AND THE CROSS OF THE PLANT Baldwin, Ma. d TR Sun Rh Ansari Drive Haldwin P.O. Als Als St. Jose, h's Hospital 4 DATE DECEASED Miller DEATH You p T 9 A v. VIII is IN THE REAL PROPERTY. NEW P WARRIED IX DA OLSEK E 6300 No. 1 44W00rW PERMIT White PINA PA IN MIRROR TWO A SOME r armer Jwn farm Daltimore Co. Maryland 4 MOTHER WAIJEN NAME A STHIR NAME wary Laudenklos menry J. miller ILA RITY NO (Yes and or unknown | (if yes give wor or dotes of service) 212-36-1133 WARDLES THEN ARM FIRST " INFORMANT 21013 Mrs "enry J. Aller Ansari Drive taldwin 18 CAUSE OF DEATH fenter only one course per 100 for (o), (b), and (th. PAR DEATH WALL A IN IRP MMFDIAIF MALE Conditions of only which gove to chedio o a mil stating the underlying cause I Y KA NINA Miking Title off 2 | certify that fire The reliance te it and object all the A Nutura out 1 A ident t Suicide [ideneimined motine the tuners 5 may be 6 0 FUNERAL NAME OF MY BY THE STATE THE Cemetery sweet Air St. John's Luth. 756 REGISTRARY SIGNALIPI Ochanles Judge to france to the



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH n 24 haurs after death Residen a balana adır. yının PLACE OF DEATH JSUAL RESIDENCE Where decoused \$44d of first at o DURTY D TOUNTY Maryland Baltimore Raltimore MARYLAND TY OR FOWN Of nutside incornte imits B W YATE BE HIDRED CLY OR TOWN It autside rarparate limits write RURA, and give neovest lawls white Rukes and give never to lia with Townson Cockeysville Mont h d NAME OF HOSPITAL OR INSTITUTION (IF not in hospital give linear address A STREET ADDRESS a IS RESIDENCE (250 ON 4 FARY. St. Joseph Hospital Ashland Road Ped 100 NAME OF Middle 4 DATE Day FIR Month "omptetely DECEASED A MILLER 1967 MARION June 9 Type or prints DEATH the degrit cartificate be executed JE UNDER 24 HRS S aX 8 DAIF OF BIRTH To aGF to veno IT UNDER YLAR 6 COLUR OF RACE 7 MARRSED NEVER MARKIFC Son birthday Month Dog Min 11-20-10 Male White DIVORCED WIDOWED 12 CT ZEN DE WHAT IDo is the DICHPATION (Give kind of work done OS KINE OF BUSINESS OR BIR HPLACE (Lounty & State or foreign country) during nos of working life every remed)
Security Guard COUNTRY INDUSTRY **网络斯拉尔斯格拉格特** U. S.A. Guard Maryland 3 A HER'S NAME 4 MOTHER'S MAIDEN NAME 습` Sarah Charles Miller 5 WA DECHASED PYFR IN U.S. ARMED FORCH ? 16. SOCIAL SECURITY NO 7 INFORMANT àddress (Yes no at inknown [(If yes give war at dates of service) 212-1+ 1498 Emily Miller. Yes W. Two Same as # 2 INTERVAL BUTWEEN 5 CAUSE OF DEATH Enter only one dust per line for for 5) and OWSET AND JEATH PART DEATH WAS AUSED BY Myocardial infarction MAMILDIATE LAUSE to DUE TO Conditions, if may, which gave rise to immediate rausa o **OUE TO** storing the underlying come the I to O WA A. PRY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE IERMINAL DISLAS. DINDLETIN GIVEN IN PART 8 PERLURMING NC D = ATTENDING PHYSICIAN 200 ACCIDENT WAS INDER YING . 205 DESCRIBE HOW INJURY OXI JERRED (this notice in injury to Part of Part II at term 8 OR CONTRIBUTING CLEANSE OF DEATH hed 1 THE FITHER NOTTEY MEDI- 41 EXAMINER 20d INJURY OF URRED 20s PLACE OF INJURY Home form Tib at Imen 20c Time of INTURY Mount Day Sear-·[n]a fortary street affice hide lets Hour oim White Not While ar wark of work 6-9 967 the 967 2 | certify that offended the deleased from 5-9ľП this haspita 1967, and that death a clined at 3:50ph from auses and on the date stated above. saw the deceased glive arr DIRECTOR 72h DATE JUNIO 22a SIGNATURE ATTENDING 6-9-67 M.D. DIRECTOR 22d ADDREYS 27/ PHYSICIAN'S O HOSPITAL De f FUNERAL 7620 York Road, Baltimore, Md. 21204 NAME Type. Edmo M. Gayosoz director should b 2'S NAME OF EMPTERY OF TREMATORY 23b DA THEREOR 3d JOCATION III over nown (Foundy) 2do BUR'AL TREMATION R MUYA: 3pecify Bel Air, Maryland Bel Air Memorial Gardens June 13,1967 9 Barial Wm. Cook-Brooks Towson, 1050 York Road
Towson, Maryland 2120+ Date 24 FUNERAL DIRECTOR VRA5 45 25M

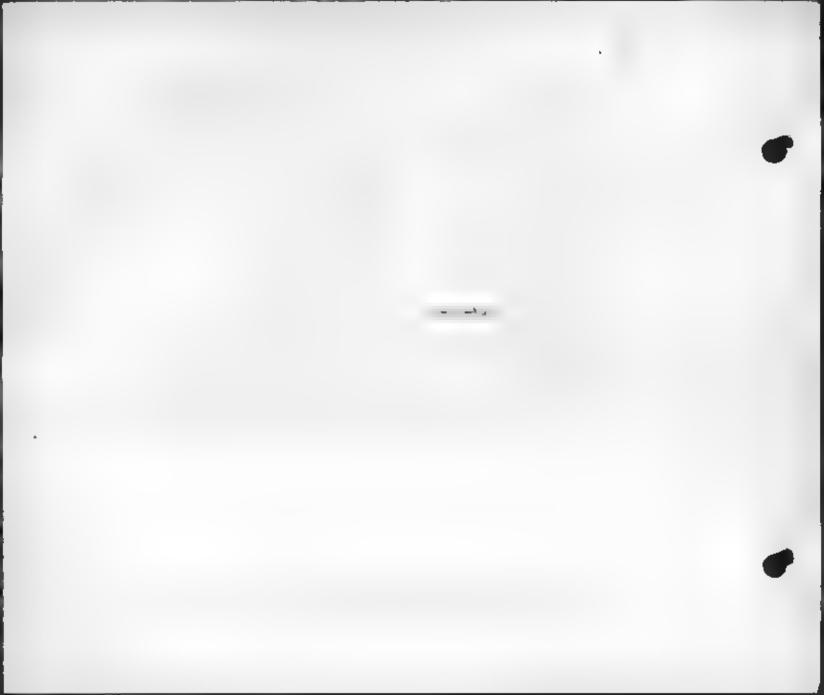


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALT-MORE, MARY, AND 21201 97847 CERTIFICATE OF DEATH Merfunero ages and 2 is offer death PLACE OF DEATH 7. USLIA: RESIDENCE (Where deceased lived if insulation Residence before admir and p TOTATION of b Outsily * Pages offer of BALTIMORE MARYLAND CENGRE OF JUST IN IL TY OR JOWN III outside organist limit write RURA and give neare a fawn bill FY OR TOWN of unitside organise limits. SORT ON ACTO 40 DA.S. ARNOLD A NAME OF HOSPILA, OR INSTITUTION If not in baspitol give them liddic is PESSON N d STRE. ADDRESS JA A ARM VETERA C ADMI ISTRATION LOGPITAL NO X RFD 3, BOX 13 NAME OF Muddle 4 DATE DECEASED OF WILLIAM EDWARD MILLER 6 JUNE DEATH DATE OF FIRTH 9 AGE to year 1 MAKRIED 6 TOLOR OR RACE NEVER MARRIED APRIL 20, MALE NEGRO MIDOWED DIVORGED the IS ALL X I IPATION Give kind of work done DISTRIBUTE OF RUNAMESS OR THEN OF WHAT during according title even if remed) NDUSTRY PL C AROLD, MARITAL J 1 FATHERS NAME 14 MOTHER'S MAIDEN BLANE JESLEY E. MILLER MARY E. WOODWARD WA DECEASE VER WILL ARMES FORCE 7. 6 JOHA, SHIURITY NO * PATORMANT May good withness, I'll yet give you a date of service 20 05 0338 CLIV. REC., VAH, FC. HOWARD, MD. Nº RAGINETWEEN 8 CAUNE OF DEATH (Interior y one rouse per line or .o) (b) our PART DEATH WA ACCED BY Ortking with CARCINOMA OF STOMACH IMMEDIAL, LAUSE 10. DOLKEDS Conditions if only which gave WITH SOLTPARY LIVER METASTASIS AND BILLARY OBSTRUCTION nie ir Mimedio e louie o DUF TO to ing the inderlying rouse. O WE OF TOPEN PART II OCHER JUNIFICANT JUNIFICANT DINTE DINTE DIN MIS DEA HIS TIMOT RE AFED TO "HI "ERMINA, DISEA", "DNDE ON SIVEN IN PART D PER JAMES Y X Nu BILLARY CIRRHOSIS AND BRONCHOPMEUMONIA 20b DESCRIBE NOW INSURY > 1 RRIC Teher nature of anymy in Port of Port II or days 8 7% 401 ANT WAS UNDERLYING TO OR CONTRIBUTING DEALISE OF DEATH THE THER IN THEY MEDICAL EXAMINER. and industrial rast The Plat, or INJ'IS' Hand for it. 7Dr 1 MH OF INFURY Month 16Y Year JDI Truly or Town 9.8 Far any little office blidging 21 I certify that & this halpital aftended the beceased fam. 3/8/67 sow the deceased give on 6/6/67_ red or 3, 25AM from roules and an ibu date slates above and the death a DIRECTOR 22p SIGNAL MEST DIRECTOR DHIP TO 778 ADDRESS VAH FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. 는 D should 23E DAZE HEREOF at NAME OF METERY OR REMAIORY 13d Xie of Year of Tewer Auto-730 B. RIA REMOTION REMOVAL upecify MT. CALVERY CEASTERY v 6/10/1967 ARNOLD, MARYLAND BURTAL 250 REP'D BY R GIS RAR 256 Rt. " RAR JOHNA UKE 24 FUNIRAL DIRECTOR HICKS FUNERAL HOME C.E. Hicks, 111 - - ANNAPOLIS - MARYLAND -





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should -PLACE OF BEATH 2. USUAL RESIDENCE Where decreased lived 11 nstitution. Residence before education? 6 COUNTY **b** COUNTY e. STATE Baltimore Maryland STARVE STO b. CITY OR TOWN if publids corporate limits E LINGTH OF STAY IN B LICITY OR YOWN (In outside corporate limits, write RURA), and give neares, fown write RAIRAL and give mescept town; Bartimore Cator svi. e d. NAME OF HE SPITAL OR INSTITUTION (if not an hospital give sheet add ass d STR. 1 ADDR. SS is residence ON A FAILM? Forest Haven Norsing Home 75LO Berkshire Rd. YES NO F Palle DATE NAME OF 4 55 M-della T.Deb 2 DECEASED OF June 24. 19 67 Type or prin DEATH Nel lie Virgin_8 Moore Ē pou 6 GIGR OR RACE & MARRIED NEVER MARRIED [] B DATE OF BIRTH 9 AGE IN YOUR IF UNDERDIVEAR IF INDER A HRS 3 \Box cuttle best biday Manths Days FIE O Fema.e Whi te DIVORCED | May 16. WIDOWED T 10a USOAL JC UPATION Governed of work 10% KIND OF BUSINESS OR INDUSTRY BIRTHPLA & GLARY & State or fare or on a v 12 CITIZEN O WHAT CO INTRY? physiri date during most of working life, even if relaind! Housewille "aryland 13. FATHER S NAME IA. MOTHER'S MAIDEN NAME William Harris Pierce à Then IN WAS DELEASED LYER IN A ARMED ORCES 16 SCHA F BUTTON IT INFORMANT Address "Yes, no or unknyo | If yes greene ordetes priservi e 21.7-54-1820 None rs. Margaret Barborka same address BATERYA BETWEEN 8 CAUSE OF DEATH form only or 4 ONSEY AND DEATH ä PART DIATH WAS AUSID BY P IMM PIATE CAUSE IN FIG LING WARA DUE TO D990 Cord 12 558416 JERN ONK gave so to imediate cause DUE O e stat is the underlying THER SIGNER ANT CONDITIONS ONTRIBETING TO DEATH BUT IN TREATED TO THE FEMINAL DISEASE ONDITION GIVEN IN PART III 19 WAS AUTOROF PERFORMED" dimea NO NO CERTIFICA 20h DESCRIBE HOW INJURY ON CURED. Foliat neture of many in Part of Part II of am B 20% AL DEN" WA INDERLYING OF CHIE TING CA SE DE DATH IN FITHER NUTTER MED AS FRAM NER 4 DE TIME OF INFLEY Month Day Year 204 INJURY OCCURRED 20% F Ask Of INJURY Home form 201 Civil town County factory show office bldg. etc. With the Not While Mout 4 m. e work | e work | p m 196 2 that (, was ast 2 I certify that the heapital attended the deceased from 19 6 / and that death occured at JAM from the causes and on the date stated above law the deceased alive on 474 SECINATURE ATTENDING: SIGNED. MLED PHIY 5 DIRECTOR death Pag-death Pag-io FUNER director, pag-be filed with PHYSICIAN 2 d ADDRESS 804 +11 41 4 alva 23s BUR AL CREMATION 235 DATE THÉREW 230 NAME OF COMPTERY OR CHEMATORY 23d LOCATION City fown or country REMOVAL Jon dv June 30, 1967 Baltimore Cametery Burial Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 256 RICID BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR AS 544

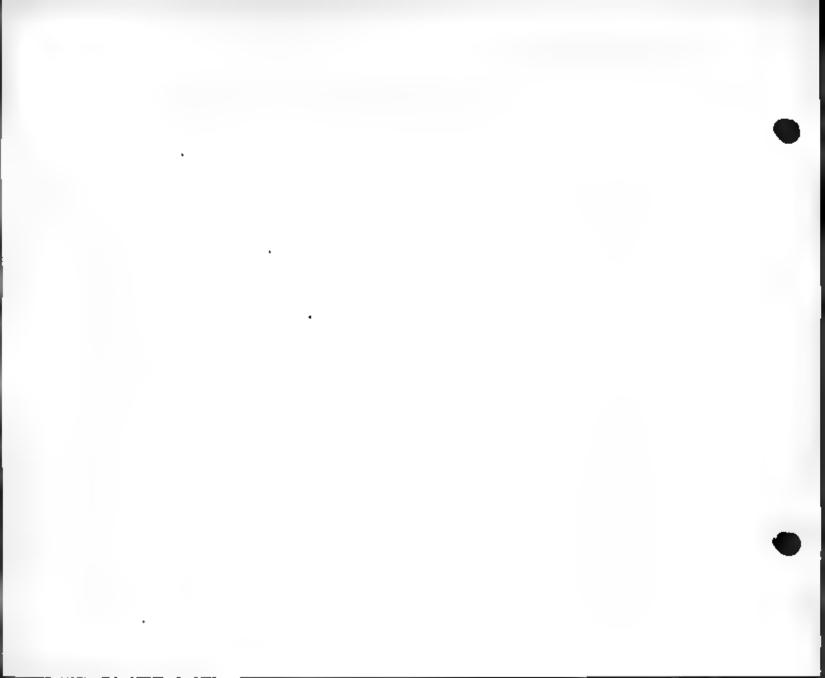




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30 PRESTON STREET BALTIMORE MARYLAND 21201 Itam #1d PLACE OF DEATH 2 USUAL RESIDENCE IV/here decreased lived if institution: Residence before admission). a. COUNTY a. STATE b. COUNTY Baltimore Maryland Poor TTV og T 99N 4 i den gy has NOTEC AV N E The TRANT Flor idea particular was Right too as severy on Avide RURA in give peoplest town) PM3 Baltimore 21213 work of HOSPITA, or IN' on its inspiret give their building d TRUT 671 RF 6 6 68 % c. Jo niking to Da 407 N. Castle HAME OF a DATE DECEASED Murphy Type or print) Lillian DEATH June 6 THE OR RAI & DAIR OF SIR W 9 Ages Visi MARKIEU N WAR MARRIET test birthdoy) Months I Doys Hours 70 WIDOWED X DIVIDEOR : 9-19-96 Female & IPA IN veix of all work or he THE KIN BUSINE OR ore are an order F ' ' h it WHAT during this of working life even if resired) COUNTRY? Own Home Baltimore. Md. Homemaker 13. FATHER'S NAME 4 JAC HER MAIDL NAME I P VIR T JRV P DROPT Chief Medical Mas not or unknown. If yes give wor or dofes of service) B. CAUSE OF DEATH That is not over in the PART DEATH WAS AUSED BY MAYEDIA TAUSTU Conditions, if any which gove nse to reimediare rouse a 모 stating the underlying rause us X Na a 225 to a DE HOW NOURY MOURY MOURRED IN BUILDING THE BEING IN FIRE IN THE BUILDING THE B PRIMARY OU YOU RIBUTING 序 is Mill the RY Mill of Holy Year Hower dum. Whote D Not While D entition 40 mm 1-3 m 1 certify to mosk paying of the kent inside itsed ability upe, cn | 4 ם מו מו מו ב מו ב Ноги ве 27 DATE SIGNED FUNERAL DEPUTY MEDICAL XAMINER NAME TYPE CHAPLES A SME



MARYLAND STATE DEPARTMENT OF HEALTH Division of STAT STICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARY, AND 21201 37852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE WHERE I A MAD THE IT Relation l'étoile dans p. COUNTY o. Stall Maryland b COENTY Baltimore Baltimore MOTH OF ACIN D b in R (OWN It is ide organite conti-Third TOWN It had do respond to the world RURA and give learn town pub Essex (21) P#M3 Essex (21) d Kaff OF HOUPTA OR INS . ON Il nous Egyodas give treel udgis . d. RE ADDRESS NO BEW æ 17 Ridgemoor Rd. 17 Ridgemoor Rd. NAME OF Micdie March 4 DATE DECHASED $\Pi \Pi \Lambda \Pi \Lambda$ MYHRS Typ o pists DEATH June 16 19 67 b 0.08 % RA. MEYER MAKRIED B DATE OF BUR H V AGE Ser Maria Mon So Feb. 11, 1884 WIDOWES DIVUR. Female White d. it. PaTION 5 of keep it work done. DE KIND STREET AND AND A TOTAL OF THE PRINTERS Billion IR during most at working life even if retired) COUNTRY ? Housewife Home Penna. Ехалиме FATHER & MANY 4 NO HER & MAJOEN NAME Harry Atticks IS WA DI LEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16. SOCIAL SECURITY NO Address Mas, no lor unknown) [[If yes give wor or dates of sarvice] भ २*०*वे सम्बद्धाः B. CAUSE OF DEATH TOP OF BIGUNA OF BIRE PART DEA H WAL ALL DIEY ONSE AND MAYEDIA AUSE andmon Fam which gave 100 nse immediale quie a l DUF 0 forms the unide ying outs PART II OTHER JIDNITICANT CHORT DAY CHIRING THE THAT HOT REAL OF THE TERMINAL TOLKE CHIRITIAN THE NEWS TO 9 44 OF SHORMED. NO 7' XT' RYAL ALL O M'S 26b DESCRIBE HEW INJURY JOCURE D. Enter nature or injury in Part. Part. it needs A PRIMARY] ON ROBUT NE ... Ę CAUSE OF DEPTH 4 20s INJURY NOTHBEE 29c Mil Tri 1900RY Month Low You Not White HOW DUTE. While foctory street office bldg, etc. ALM IN IN IN IN IN IN designated 2 I certify that I rook harge at the remark described above held an Aldapsy ... spection 1trouty and a my appropri Natural ouses 📆 death resulted from Accident Spicide Homitude [undetermined moune HIE MEORIAL XAMINER ACTUAL \overline{a} 27 DATE SIGNED ALSO DANT MECK OF EXAMINER SIGNATURE moy be FUMERA. DEPTTY MADICAL XAMINER IL EXAMINER'S 6800 Mornington Rd ... Dundalk p. Md ... 23 NAME DO M. B. Davis, M.D. Pe P 230 H P.AL REMA JON 23h OATE THERE DE 2' NAME OF METERY OR 'R MA CRY Rest of Specify Oberlin, Pa. Bricker Funeral Home EN & AUDRESS 250 RELD BY R GISTRAR Funeral Home 1407 Eastern Ave. VR A SME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH OF DEATH HEALTH DEPT.V USUAL NESIDEMGE (Where deceased lived, If antitiation, Residence before admission) a. COUNTY MARYLAND b. COUNTY BALTIMORE MARYLAND Department after death. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KLO RUHAL and give nearest town; BALTIMORE ALTIMORE d. NAME OF HOSP TAL OR NST TUTION If not in hospital, give street eddress? d STREET ADDRESS S RESIDENCE ON A FARM State ODMAN WAY any dela 2, and 3 NO DO NAME OF Middle BATE Vea Micenth Day PAR DECEASED (Type or print) Nelson MEATH olore 0 at 18. Give Pages 1 ... 2 with 6. COLON OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lust birthday) Months EXAMMER: This pertificate should be executed within 24 hours after death sentificate, writing the word "bending" is pencil in tem 18. Give Pages nould be forwarded to the Chief Medical Examinar's Office aleas with for Days Hours DIVONCED DO IDA USUAL DECUPATION GIVE kind or work done during most of working life, even il retired)

10. K ND OF BUSINESS OR HIDDUSTRY WIDOWED event BIRTHPLACE (State or foreign country) 12. G TIZEN OF WHAT COUNTRYY VIRGINIA 5 SITY ANITOR pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME JAMES NELSON UNKNOWE Ë PLE 15 WAS DECEASED EVER IN U.S ARMED FORCEST INFORMANT. 16. SOC AL SECURITY NO Yes, no. or unknown) (If you give war or dates of service) 7, 8 Pru permit. removal, 18 CAUSE OF DEATH [Enter only one cause per line for a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY burial-transit cremation, or ate Coronary Oscilant (MMEDIATE CAUSE '6) Conditions, If may, which ACHD (6) gove rise to immediate DUE TO couse (e), stating the underlying couse test used as to burial PART I D'HER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALL OPSY CERTIFICATION certificate, writing the PERFORMED? NG 2 5 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJUSY DCCUARED Enter nature of infury in Part I or Part II of Item 18. PR MARY __ or CONTRIBUTING __ 3 should Pagent, priv 콩 20c. T'ME OF NURY Month. Day, Year 20d, IN. URY OCCURRED 20e PLACE OF INJURY (Home, Jaim 201 (City of town) (County) factory, street, office bidg., and Hour o.m. MEG min Not-While White CTOSt. Page designated al work . . et work he cert 21 | certify that I took charge of the remains described above, held an Autopsy [Inspection Inguiry D and in my opinion FUNERAL DIRECTOR: Health or its design Undeterpilned granner Accident. Homicide | Page 4 CH EF MEDICAL EXAM NER YDIN ACTUAL 22. BATE SIGNED ASSISTANT MEDICAL EXAMINER I D DEPUTY MY DEPUTY MEDICAL EXAM NER 🔯 ERAMINER'S director MAME (Type Address (\$1-eel, city lown, or county). 23a. BUR AL CREMATION, 23b ERY OR CREMATORY 23d. LOCATION (City, fown or county) NAME OF CEME 00 REMOVAL (Specify EWELEKY LONOKE JR A. 24 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR REG VR ALSME (5) 765



DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE MARYLAND 21201 07854 CERTIFICATE OF DEATH 2 USGAL RESIDENCE Owners decoused lived of intuition on Residence before administra PLACE OF DEATH D. COTINEY Baltimore MARYIAND Maryland LITY OR TOWN is suinide corporate innet with RURAL and give searest rown. LENGTH OF STAY IN 16 b TTY OR TOWN If guilde tomparate limits write RURA: and give nearest town XXXX. Baltimore 21213 A WARRY ADDRESS. Mary Popers ON & RESIDENCE d. NAME OF HOSPITA, OR INSTITUTION If not in hispital give street address completely filled a St. Joseph Rospital 2857 Mayf1 ld Ave. Y . N. 30 NAME OF 4 DATE DECEASED DEATH June 16. O'Connor Type at print) Lugone 19 67 B DATH OF BIRTH 9 AGE is years II !NDER : YEAR DE UNDER DA HRS S IEX 6 COLOR OF RACE * MARRIED DO HEVER MARRIED rast_birthday Months Male White 1-1-1900 WIDOWED DOVOR LED fla IQUAL K I IPATION (Give kind of work done BIRTHPLACE is dunty Billiote in Foreign (billioty 2 TREN OF WHAT CHANTE TISA during nos of working life ever diretted Retired - B&O R.R. Maryland physical properties 3 FARHER'S NOME 4 MOTHER MAIDEN NAME Catherine Noon Hugh O'Connor E B 5 WAS DE ASEC EVER IN S ARMED FOR E 9 6 SQUAT IN JRITY NO 7 HIFORMANT Address. Yes no. w. ikrowni (ili yes are was at do es of service) (Same) Mrs. Helen J. O'Conner ò 705-07-9312 NTERVAL BETWEEN B CAUSE OF DEATH "Enter only one rouse per line for 10" by and it ONSEL AND DEATH PART DEATH WA. LAUSED BY Metastatic carcinoma (carcinomatosis) DUE TO and it inns it only which gove bronchogenic carcinoma. ise rollimedio e un a o stating he underlying buse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINA, TIBEASE CONDITION GIVEN IN PART OF O WA 4 TYPKY PERH JRIMED! 296 AT DENT WAS UNDERLYING OR ONTRIBUTING DILAMST OF DEATH 206 DESCRIBE HOW INJURY OF JRRUD Internative at injury in Part Car Part of Item 18 hed for IF SITHER NOTIFY MEDICAL KAMINER 20d INJERY II JORED 70c PLASE OF MEUR! House room 26: IJMS Jr INJURY Month Day Year Tr. 'Vilor rown Ng: White igitary ities; office bidg, etc. Naul on While No white of work 21 I certify that (4) this haspital) attended the deceased from 5-23-1967 to June 16. 1962 that w we) in I sow the deceased of ve on June 16. 9 67 and that death accurred at 7:15 M from auses and on the date a gled above 275 DATE FINED 22u JGNATURE MEO TIRRITOR D PHYS E June 16, 1967). Or wood MO PHY 22d ADDRESS 22) PHYSI ANS Lawrence F. Misanik, M.D. NAME Type 7620 York Road, Towson, Maryland 21.04 Baltimore, Md. Baltimore National Con. 2002 230 BI RIAL 'R MATICIN 250 REL'D BY REGISTRAR Leonard J. Ruck, Inc. Balte. Md. 21214 256 REGISTRAR S SIGNATURE 25M 1 67 Milwelles Jugar

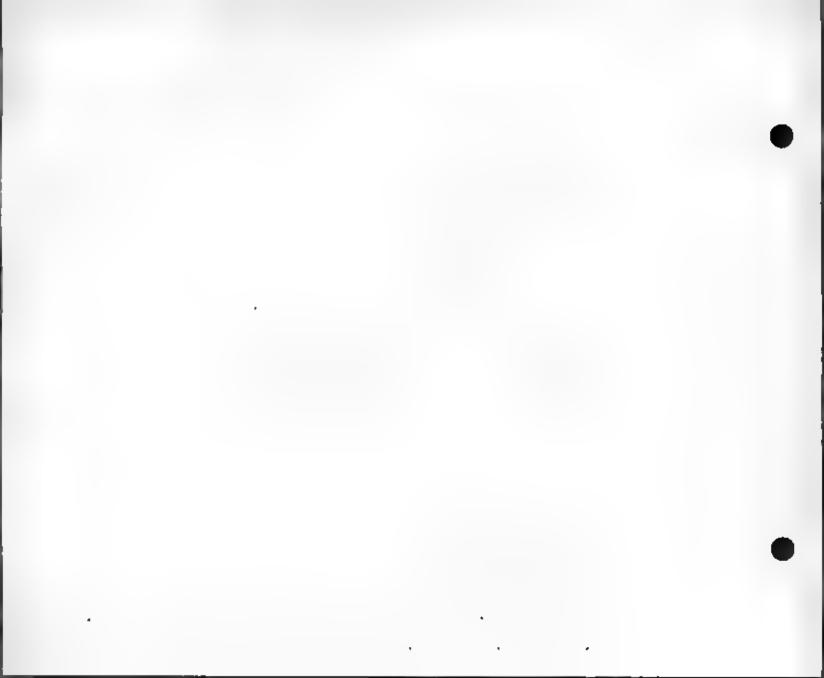
MARYLAND STATE DEPARTMENT OF HEALTH

within 24 hours offer death

OR ATTENDING PHYSICIAN

O HOSPITAL

O FJINERAL DIRECTOR



PLACE OF DEATH Where decresed lived If Institution Rayidance before a fifth COUNTY b. COUNTY MARYLAND E LENGTH OF STAY IN 16 of heads, would be RAS and go to held not how TREEL ADDRESS NAME OF DATE DECEASED Two-side of DEATH CHOR ON RACH DATE OF SHELL AC The years Sopiet dev DIVORGED [MOTHER'S MAIDEN NAME CAUSE OF DEATH (First anty one cause PARTY DEATH WAS AUSID BY IMMEDIATE CAUSE & DUE TO Conditions if pay which " gava isa % mmadista ceuro DUL 7D a stating the underlying ZCa EXTERNA A IF WAL DESCRIBE HOWAN BRY O C RED (Lister sectors of ligary to Par I or Part II of ilam 18 PRIMARY T & UNTRIBUTING , ä CAUSE OF DEATH March Day Year. 204 INTURY O JRASS TOO PLACE OF INJURY Home form __ 201 Tolly or fown 2Dell TIME OF INJUSY. lactory (treet office bying refe Por Worls Williams 1 BI Work 21 I certify that I that charge or the lamping described above, held an Autopsy | |. nspeciion & O SAL DIRECT death resulted troop **car**uses Swittide Homicide 1 CHREF MEDICAL EXAMINER [ACTUAL ASSISTANT AUDICAL EXAMINER SIGNATURE DEPUTY EXAMINEE'S PUNE NAME Type Address (Street u.hr. fown or couldry AZE BUR AL REMATION 224 DATE THEREOF 226 NAME OF CEMPTERY OR CREMATORY Burial" Moreland Mem. Cemetery 4.0 es. UNIRAL DIRECTOR

AL SET WEEN MF BE AT AMP DEATH FART II OTH & IGNIF ANY CONDITIONS ON RISIGNAL OCEAN HE TINOT RELATED TO I E TERMINAL DISEASE ON DY ON CLASH IN PART . 9 WA AGE BY PERFORMED County "(Giere) Undetermined menner DATE/SIGI 22s COCATION City, lewer, or pountry Baltimere, Md. 240 REC D BY REGISTRAR 246. REGISTRAR'S SIGNATURA Leonard J. Ruck, Inc. Balto.Md. 21214

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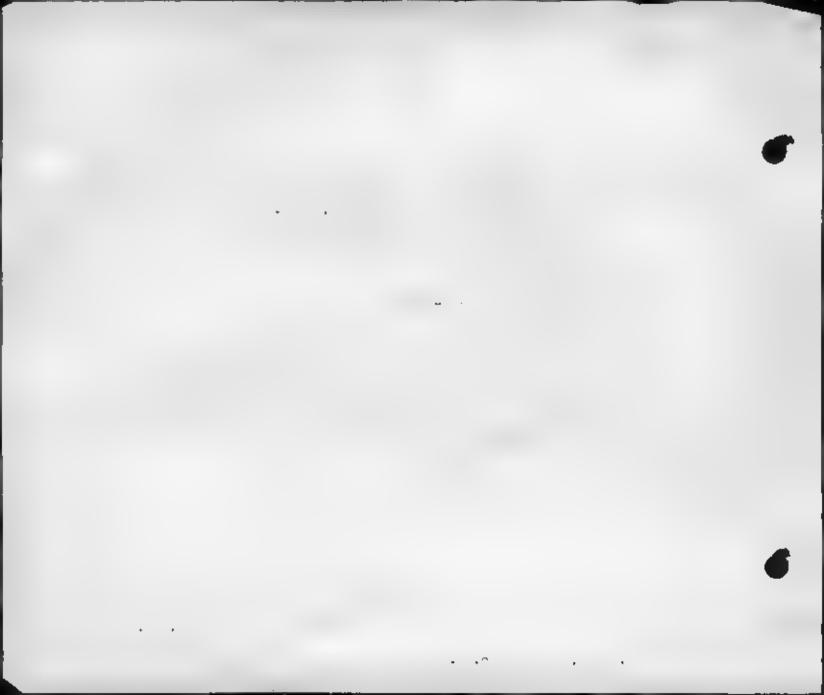
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07858 CERTIFICATE OF PLACE OF DEATH 2. USUA: RESIDENCE (Where deceased lived, dissipation, Residence batter admission). o. COUNTY o. STATE b. COUNTY MARYLAND the deoth tert litate be executed within 24 hours after bir TY OR TOWN If outside rorparate limits LENGTH OF STAY IN 16 CITY OR TOWN (HI ourside arporate limits, write RURAL and give reares) rown write RUSA; and give nearest town J NAME OF HOSPITA OR INSCAL ON It not in hospital give street address e IS RESIDEN(S ON A ARMS d IRE T ADDRISS popers 4 66 . + 814R YES N. 4 3 NAME OF Middle remove carbon 4 DATE сотприетору DECEASED ĎΕ ype or print 2 A LL 15 DEATH 9 461 4r year \$ 5EX 6 COLOR OR RACE IF JNOER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last buthday) DOWS Hours WIDOWED. DIVORTED IDa UtulA: No.JPA TON love kind of work done IDE KIND OF BUSINESS OR BIR HPLACE (County & State or large rodality 2 CITIZEN OF WHAT during mast af working life even if retired) COUNTRY 7 EA. L 5/9 13. FATHER'S MARKE 14. MOTHER'S MAIDEN HAME HIN DREW S WATER TAKED - VER IN SCHRING FORCE SZ 7 INFORMANT 15 JUGAT LEGIRITY NO (Yes no ununknown Iffirms give wor or dates of lervice B. CAUSE OF DEATH. Errer only one course per line 404, 16, and NITERYAL BETWEEN tropsit PART I DEATH WAS CAUSED BY requires that IMMEDIATE CAUSE (6) fonditions conv. which gove rise to immediate cause (a), DUE 10 stating the underlying Louse or altending prior to 1406 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA HIBLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART OF TO WAY OUTOPSY PERFORMED? Health I NO. TO ROSPITAL OR ATTENDING PHYSICIAN Page 4 may be relowed by the haspital 2Do ACCIDENT WAS UNDERLYING ... 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port of Inter 8. OR CONTRIBUTING TO CAUSE DE DEATH OF EITHER NOTIFY MEDICAL EXAMINERS 2Dc 71Mt OF IN JURY Month, Day Year 20H INJURY OFFURRED 20s PLACE OF INJURY Home form (City or town) (County) State Наи а.т. fortony street, office bidg, etc. Nat While of work 2) I certify that (I) (this haspital) attended the deceased from 2 and that death accurred at 9 10 M. from bauses and on the date stated above saw that deceased at we an-TO FUNERAL DIRECTOR 720 SIGNETURE 226 DATE SIGNED ATTENDING 5 AFI PHYS DIRECTOR 22d, ADDRESS 224 PHYSICIAN'S NAME TYPE director should b 230 BURIAL TREMATION. 23b DATE THEREOF JAME OF CHMETERY OR "REMATORY 23d OCATION (City or fown) Maurty) REMOVA: ISpecify! A. ADON RIPGE 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAN VR A 5 (4) 20 M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH deg th with 1 24 hours ofter death Dand I PLACE OF DEATH 2 USBAL RESIDENCE Pythere deceased lived, if enstitution: Residence betwee admission o DUNTY a Marylland b COUNTY Baltimore Vect1 MARY, AND TY OR IOWN It outside corporate fimils C TENGTH OF STAY IN TH CTY OR TOWN (It outside corporate limits, write RURA), and give nearest rown write RURA and give neonal fawn) 2vr9mth20dvs North East, Meryland Catonsville U STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (I not in hospital give street address) a IS RESIDENCE ON A ARM SPRING GROVE HOSPITAL none NO 作文 NAME OF Middle O341 DATE Month 8 DECEASED Margaret Parsons June 10 (Type or print) 8 DEATH SEX 8 DAIT OF BIRTH BOF In years WEAR 6. LOLOR OR RACE 7 MARRIED IF !NOFR IF UNDER 24 HRS NEVER MARRIED g) hday Months Ødy: Kann white female WIDOWED 🏗 DIVORCED On USUA, OLOUPAHON Issue kind of work done 106 KIND OF BUSINESS OR 2 FITILISH OF WHAT 1 BIRTHPLACE (County & Stode on Inneron Journey E, INDUSTRY WID during their or working the even if infried). COUNTY. piedse physician Maryland The law requires that the death certificate Б 14. MOTHER'S MAJDEN NAME 13 FATHER'S NAME 6 e a unknown unknown чешел 5 WAS DECEASED FYER IN U.S. ARMED - JRCES? TO SOCIAL SECURITY NO 7 INFORMANT #addre4 1 ph B H D (Yes no. a) inknown. All yes give war or dates at service 0 219-5h-3265T STATE HOSPITAL Records: SPRING GROVE. No 6 8 CAUSE OF DEATH Finer only one course one Nº RYAL BETWEEN ONS' T AND DEATH DEATH WAS CAUSED BY MMEDIATE CAUSE to <u>-</u> QUE TO Signed 吉 Conditions if any which gove à É. ase a mimediate buse to .. DUE 10 stating the underlying couse prior to 한 PART II DITHER KANIFK ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION IN PART HE PER TRACE 3 YEL ND TO HOSP TAL OR ATTENDING PHYSICIAN 206 DESCRIBE HOW INJURY OCCURRED Enter nature of more of Part of Part II of your B 20c Ac 1 DENT WAS UNDERLYING [defoched to OR CONTRIBUTING CAUSE OF DEATH EIF EITHER HOTHY MEDICAL EXAMINER 204 INJURY OF BRE 20s PLAT OF INJURY Kome long. TIM IF INJURY Month Day Year the strill pwell 41 1055 State Kors orm No: While factors street affile bidg, etc. at walk L 61 work Aug. 24 0 04 2 | Certify that R (thus has tol) attended the deceased from hot. M. Iram causes and an the date stared above sow the deceased at veid and har death a rurred of TO FUNERAL DIRECTOR 276 SLGNATUR PKYL 728 ADDRESS SP 22: PHYSI TACK poot poot MAME Typė ь Should 23) NAME OF EMPTERY OR TRIMATORY CCARON Titry of Rown. 736 BURIA R MATION -fore dire REMOVAL (Specify 67 West Nottingham Colora Cem. Cecil 24 FUNERAL DIRECTOR 1250 RIT'D BY REGISTRAR PSB REGISTRAR'S HIGHART RE 3 VR A 5





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MARYLAND STATE DEPARTMENT OF HEALTH DIV SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07862 CERTIFICATE OF DEATH PLACE OF DEATH 2 uSUAL RESIDENCE Where deceased lived 1 positioning Residence before admission o COUNTY BALTIMORE ANNE ARUNDEL Mary akn ofte 0 ENOTH OF JAY IN 6 hi CIY OR TOWN "Continue TV OR DWN It outside argorate limits write RUPA, and give reciest town the ingerete timb DATS. ANNAPOLIS H DAM G HOSPITAL TRE INSTITUTION is no in hospital give stage address. d JREET ADDRESS e IS RESIDENT ON a, Fale M. 1931 DREW STREET MC. e on bo NAME OF Maddle DATE Month Dus Year DECEASED 18. IN 67 ATEXANDER MMI JUNE E INTEND ype or print DEATH C TEX ACE in years JECONDER 1 YEAR B DATE OF BIRTH 6 TOLOR OR RACE MARRIED NEVER MARRIED 26 birthday Mrs. this Hour-Ž-D MAIR NEGRO WIDOWED DIVORGED P Do Guid, Or FRATION Sive kind at work done IDE KIND OF BUSINESS OR TEN DE WHAT exists & State, or foreign, binality. ć d. og man en working te even if renred) PIB40Se U.S.A. NAVAL ACADEMY pup ANNE ARUNDEL, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME phy de упшви при WILLIAM PINKNEY JULIA WALLACE 5. WA DICEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 220 hh 63 30 CLINICAL RECORDS. VAH. FT. HOWARD. MD. 6 INTERVAL BETWEEN B. CAUSE OF DEATH Textes only one cowse per one for (a), (b), and (c),) DEATH WAS CAUSED BY CARCINOMA OF THE COLON WITH GENERALIZED METASTASIS MAMEDIATE CAUSE for DOM: M *ighed P Conditions, if only, which pove (b) rise to mimadiata couse (a). DUE 10 stating the underlying couse 9 Wy a TORY PART II OFFICE JENITHAN CONDITIONS CONTRIBUTING TO DIA HIBUTINGT REJATED IC THE TIRMMAN DONACE TIMOST IN JUYEN IN PART TO P.S. JRMIG " II N0 3Do As REEN'S WAS INCORPAINED 206 DESCRIBE HOW INJURY OCCURRED "Enter nature of injury in Part of Part II at term 8 ON RIBUTING CLEATING OF DEATH THER NO Y WITCH ALEXAMINER 20d INTERN STURBER ODE PLATE OF IN MY Home form 10: Tilks of iNTURY Month Day Year dota 퍃 Нос алг loctone straet orbite bldg, etc of work June June 9 67 10 2 I certify that A ith's hospital a tended the deleased from 18 and that death a . Ted a 12:30h Alfa rouses and an the 967 ow the deleased a ive on June. DIRECTOR A FNDING PHYS page be filed 27c PHYSICIAN'S 22d ADDRESS FJNERAL Angelita A. Topacio, M.D. VA HOSPITAL, FORT HOWARD, M.RYLAND shauld by OF THMETERY OR REMAINEY 23o BURIAL CREMA IDN. 2 de ADMiese Mortuary W. Washington Styl JUN Annaphlis, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07863 CERTIFICATE OF DEATH 2 USUAL RESIDENCE Where deceased lead if was in the Residence before ham is son PLACE OF DEATH o. COUNTY b. county MARY! AND E TENOTH OF STAY IN III (TY OR TOWN putside sarun ate umity It outside carporete firms, write RURAL and give neglest fewwrite RURAL and give nearest rown) Timor d. NAME OF HOSPITAL OR INSTITUTION, It has in trospeted give street oddress u JTREET ADDRESS IS REGIOENCE On a sakm 100 NC -NAME OF carbon, Middle 4 DATE MaMh Day Year DECEASED DF 1967 ازے Type or print) REATH canor AGE "In years YIAK IF UNDER 29 HRS 7 MARRIED DATE OF BIRTH IF JINDER NEVER MARRIED 90 yeb first cost Months Days Heuri WIDOWED DIVORCUD 10a Kutar Otif J Pation / Green and at work done DO KIND OF BUSINESS OR RIRTHPLAX (County & state of foreign authy TZ 4 OF WHA INDUSTRY. OUNTRY 3 during most at working life, even in remad). DVG. 10450 용 3 FATHER'S NAME 4 MOTHER" MAIDEN BAME lung way 만 A A CEL OUR DEVER IN ARMIT FORGE 16 OF ALL PLURITY-AD IN FORMAN Yes no or inknown's Kiffyes give war at dates 61 Jenrice remation. B. CAUSE OF DEATH (Enter only one rouse per ring for o, 'bi, and 7 ON JET AND DEATH PART E DEATH WA AUT (D. BY IMMEDIATE CAUSE (a) P 3 11201 DUE TO Suria T and hent I are which gove 個 the to immediate au elo-DUF TO stating the underlying rouse (c) WALL OF TOP PART II OTHER JUNIFICANT CONDITIONS TONTRIBUTING TO REATH BUT NOT RELATED TO THE TERMINAL OTHER CONDITION JUST IN PART TO PER ORME. PHYSICIAN YIE AT DENT WAS PADERLYING TO 20b DEX RIBE HOW INJURY Or JRRED. Enter nature of injury in Pair or Part II of them. B CR THIRTH TINE L AUSE OF DEATH " ETHER NUTIFY MEDICAL XAMINGR 20s. TIME OF INJURY Month Day Year 20d INJURY OF JERRED the PLAI OF NUR' (Nome form (City or low oughy! Store 高 Maul a.m. White Har White artury irraen. If he blda lein O HOSPITAL OR ATTENDING a. wark of work L 21 I certify that (I this haspital) attended the deceased from 3 rd 1967 o here be retoined and but death accorded at 5.15 M from causes and an the sate stated above saw the deceased at we are DIRECTOR 22a SIGNATURE DATE MD. DIRE TOR PHYS 品品 22d, ADDRESS 22) PHYSIC AN'S TO FUNERAL E Page 4 may NAME Troop NAME OF JEWLITERY OR R MATCHEY 2's SURING REMATION DATE THEREOF Mitorins 73d REMOVAL Specify) 250. RE'D BY REUL TRAR 24 FUR RALDIRETTOR ADDRESS 256 REGISTRAR VR A 5 4)



23c NAME OF CEMETERY OR CRAMATORY

"oseph's "emetery

CLARON (City or Town)

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Co

Ma. timore

(Lounty)

REGISTRAR'S SIGNATUR.

734.

250 REC'D BY REGISTRAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow Poge 4 may be retained by the hospital or off and its continuate as the director page 3 should be detached for use as the standard be filled with the State Dept of Health prior

BURIAL CREMATION

REMOVAL (Specify)

FUNERAL DARECTOR

Durial

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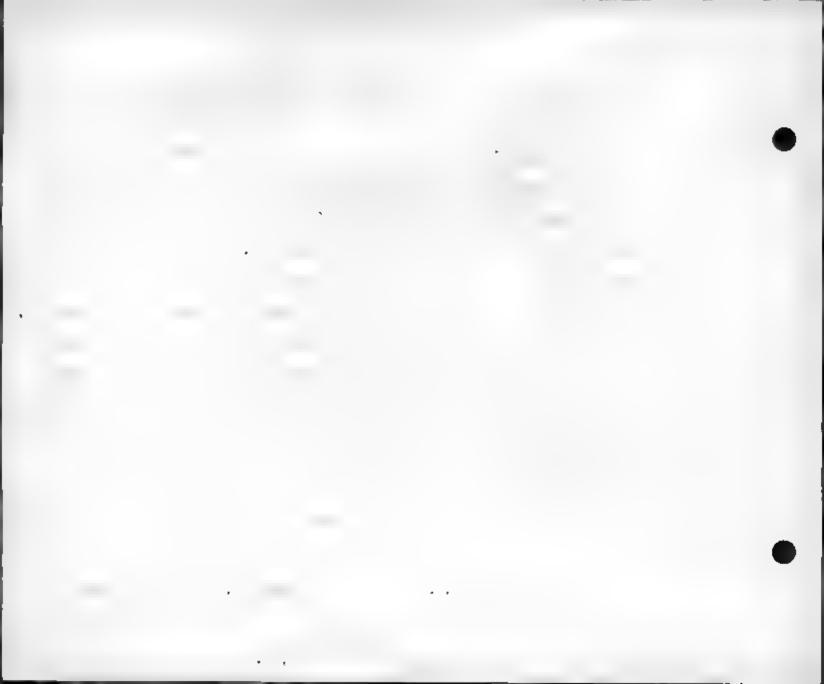
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24 hours ofter deoth

the death certificate be executed



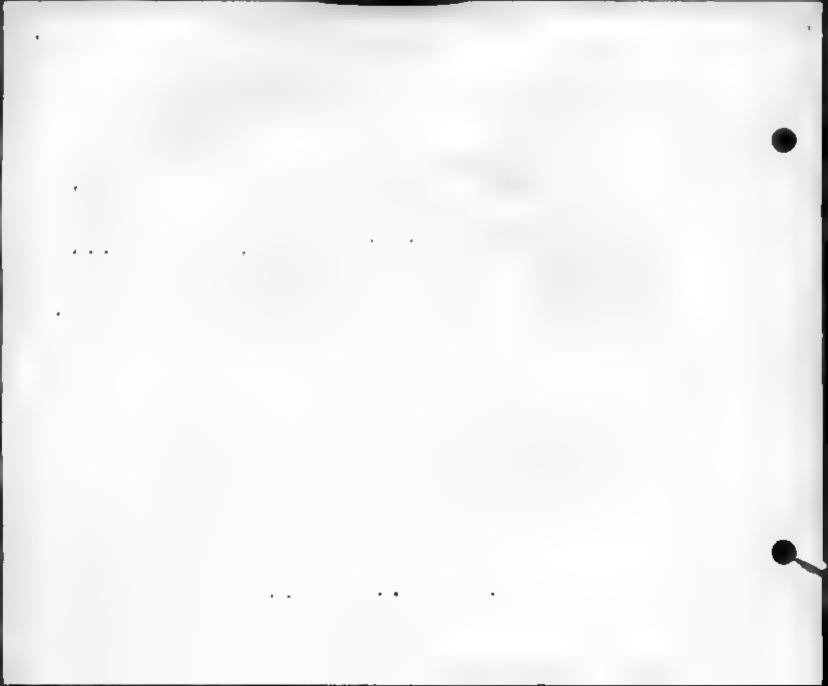
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, ill institution, Residence before admission) n OHNTY Maryland Baltimore MARYLAND. ENGTH OF STAY IN 6 N CHY OF TOWN antside organite initis CITY OR TOWN II buttude remoints limits write RIRA; and give nearest town write RURAL and give regient town Fort Howard 6 days Baltimore d NAME OF HOSPITAL OR MISTITUTION (IN red in hospital give sheet address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hilled 7 University Avenue Veterans Administration Hospital l NG e NAME OF DATE a fa Year DECEASED 1967 Type or point) **HISINIRA** POBLETTS DEATH JUILE eyen", 9 B. DATE OF BIR'H 9 AUG " YBOTS IF 'MORR YEAR IF JINDER ON HRS 6 COLOR OR RACE 7 MARRIED NEVER MUARRIED Months Jose birthday duy. WIDOWED DIVORNED White Male IDs ISUAL OCCUPATION (Give kind of work done during most of working life even if retired) 106 KIND OF BUSINESS OR 7 BIR IMPLACE (County & Stote, or in resqui montry): 2 CITIZIN OF WHAT COUNTRYS INDUSTRY PLO Baltimore, Md. U.S.A. State Department Laborer 3 ATHER'S NAME Edward Pobletts (unknawa IS WAS UP ASED EVER IN ARMED IRCH ? IS SOCIAL SECURITY NO. 7 INFORMANT (Yes no, or inknown [(If yes give whi or doles of letyice)] b 220 36 86 10 Clinical Rods, VA Hospital, Fort Heward, Md 18 CAUSE OF DEATH coler only one louse per one for on 'b and DEVEND TEATH PART DEATH WAS CAUSED BY MYCCARDIAL INFARCTION AMMEDIATE CAUSE TO paulis Egndition It gave which gove ARTERIOSCIEROTIC HEART DISEASE Ibi isa to immediate duke of DUE FO stoting the underlying buse PAR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUB NOT RELABED IC THE ERMINAL DISEASE CONDITION GIVEN IN PART of 9 YYA' A PERFURMED? MO IT 200 ALG DENT WAS JNDERLYING [205 DESCRIBE HOW INJURY OCCURRED "Enter noture of injury in Part, or Part III a Heim IB. OR CONTRIBITING CAUSE OF DEATH IF FITHER HOTHY MEDICAL EXAMINER 20a INRIBY DECURRED 20e PLACE OF INJURY Home, form Mitty on flower 20r TIME OF INJURY Month, Day, Year : munity abote. Hour a.m. fociony streat affice bldg, etc. Not White an wark at work 19.67 that Of (we lost 9.62 2) I certify that (if (this haspital) attended the deceased from 10. June. May 6:30 M. from causes and on the date stated above ong that death a L ed b sow the deceased plive on DIRECTOR 220. SIGNATURE 22b, DATH SIGNED STAFF HOSPITAL OR M.D DIRHTOR 77d ADDRESS 27. PHYSICIAN > 10 FUNERAL D NAME Type WON JU HAHN, M.D. VA Hospital, Fort Howard, Maryland 234 NAME OF 'EME'ERY OR 'REMAIORY 73d DLATION TORY OF DWOL 736 DAT THER COL 230 EURIAL REMATION (County) 'Stote REMOVAL Specify Ellicott City, Maryland Good Shepherd 106 Columbia Rd VE A15 49 FUNERAL HOME 25M 1 67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 JSUAL RESIDENCE (Where deceased lived, if institution Residence before udm. sign)-Baltimore b COUNTY MARYLAND hours after ENGIH OF SIAY IN IN bir in OR IOWN III outside corporate limits. . TY OR FOWN It guiside organate (imi) write RURA; and give nearks; town write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION. If not in hospital, give litree; address d JTREET ADDRESS 6 15 REGIDENCE ON A FARM? Wilson State Hospita NO 50 NAME OF Middle DATE sast. Year DECEASED DF DEATH Type o print) сопріет 8 6 COLUR OR RACE YEAR 7 MARRIED NEVER MARRIED n years to: hirlhday Morths Hours. 7.00 MHOOWED DIVORCED ON KIND OF BUSINESS OF EN OF WHA during most or warking Fig. even il rehied) OUNTRY that the death certificate Idnit 5 13. FATHER'S NAME M. MOTHER'S MAIDEN MAIN removol 팔트 WAS DICEASED EVER IN ... ARMED FORCES? **INFORMANT** (Yes, no or inknown) (they give war at dates of service) 5 Wilson State Hospita 4Records, Mt. oremotion. Nº 8VAL BY WYON 8 CAUSE OF DEATH (Frame only one cause per line rail of, by, and 6 honths DEATH WAS CAUSED BY Far adManced Pulmonary Tuberculosis IMAMIDIATE CAUSE (6) á 2 DUE TO Signed I to 10 to Canditions carry which guve his to immediate ouse to. DUE TO stoling the underlying cause been s the ő 19 WA 41 TOPS PERSONMED 504 PART II OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RIGHTLD TO THE TERMINAL TO SEASE CONDITION JIVEN IN PART TO α. 951 Health 100 4 PHYSICIAN \$ 20m At DENT WAS INDER MING [7] 206 DESCRIBE HOW INJURY OF MIRRED (Enter nature of injury in Part, or Port II all item 8 OR CHTRIBE INC AUTE DE DEATH ъ Jrhen THE THER NOTIFY MEDICAL MAMINER! 20d NOURY IS TRREE. the Plan Of INJURY Flame from NIME OF INIURY Mooth Day Нови а т rartary stree affine hide to Mhor Not White. ATTENDING at work I certify that (I' this basaita). of ended the deceased from 7 to retoined 19 and hat death accur ed of 6.12 AM sow the deceased glive on from couses and on the date toted above TO FUNERAL DIRECTOR 770 HGNATURE DAME OF MED 6-16-1967 M.D DIRFLTOR PHYS 72) PHYSIC AND Mt TO MOSPITAL Supt. Son. dure 1 tr should b 730 RUBIA DREMATION CCATION forty Poge 4 250 REC D BY BEGIN RAR REGISTRARY JOHNATURI 25b YR A15 (4)

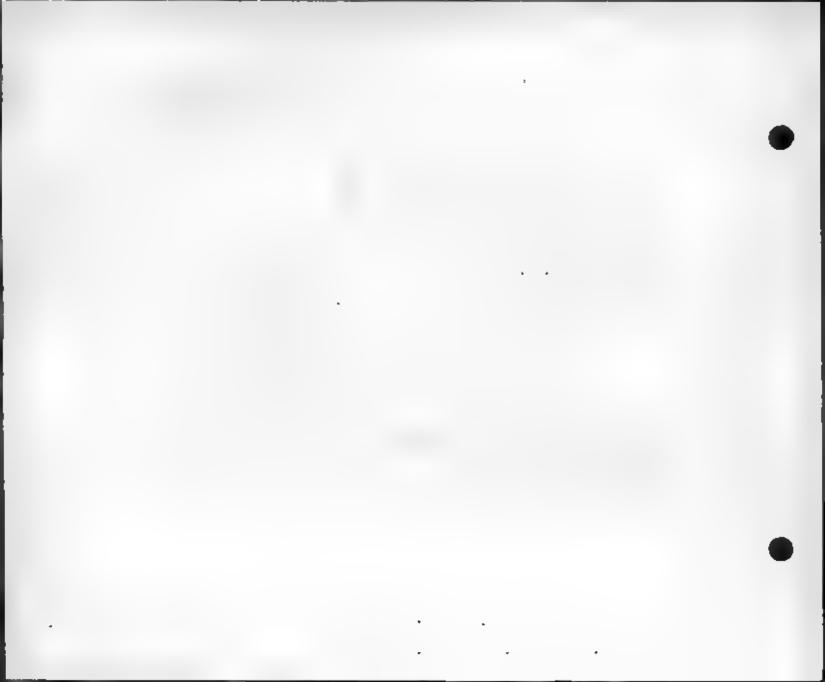


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97867 CERTIFICATE OF DEATH 2 JSMAL RESIDENCE Where decaused event if institution Residence palora uditor on PLACE OF DEATH e OUNTY o TATE BALTIMORE atter 4 MARYLAND FINCTH OF STAY IN IN TY OR TOWN If pulside orporate limits, write RURAL and gar nearest lawn THY OR FOWN It outside requerets limits BALTIMORE 23 DAYS B K RIT DENSE d STREET ADDRES d NAME OF HOSPITAL OR INC. - TON II not in hospital give street hiddress ON A GRA 3526 PARKLAWN AVENUE VETERANS ADMINISTRATION HOSPITAL 4 DATE Middle NAME OF Year Firs DECEASED JUNE. IP 67 PRIMUS ANTON HEARY DEATH Abe or bun. P Auf h years * UNDER DATE OF BIRTH 6 LOLOR OR RACE NEVER MARRIED MARRIED WHITE WIDOWED. EIR HPLACE County & Stote or love-gli aunity TIZEN OF WHAT c IN MOTHER'S MANDEN NAME 13 FATHER'S NAME OTELLIE HILSHER ANTON PRIMUS 7 INFORMANT Alberta Primus, (Mee Miller) Above. 25 WA TO PSYCHAIN IN OUTAL SECURITY NO ARMED FORL ? Yes co. at unknown CLINICAL RECORDS, VAH, FORT HOMARD, MD. NTERVAL BY THEFE 8 CAUSE Or DEATH intelligible one couse per line for o ONSE! AND JEATH PAR DEATH WAS ALL FO BY BRONCHOGENIC CARCINOMA WITH GENERALIZED MIMEDIATE AUST 10 UNKNOWN Metastasis Conditions if ony, which gove risa to immediate couse (o). מי זעם storing the inderlying rouse PART II OTHER SIGNIFICAN CONDITIONS CONDISION IN TO DEATH BIT NOT RIGHT TO THE FRANKA DISEASE CONDITION CITY IN PART PERFORMED! Ė, 20% DESCRIBE KITW INTUKS OF JRRED Enter notice of injury in Port or Port 20c ACC DENT WAS INDURLYING TO OR CONTRIBUTING I LAUSE OF DEATH IF THER NOTIFY MEDICAL XAMINER 20th July of fown 20a PLACE OF INJURY Home love .dole 20s Time to INJURY Month, Day Year forming theet office bidg, etc. Non-Lorent 19 67 o June 15 19 67 hat 30 I certify the XX this haspital attended the deleased from May 25 and he death occurred of 12:10 MAM in course and on the date staled above saw the de eased at ve an June 9 67 DIRECTOR 22b DARY YIGNED 220 JIGNATURE DIRECTOR 3 22d ADDRESS PHYSIC AND TO FLNERAL Topacio, M.D. 2-6 DAIL THIRLOF 23) NAME OF THIS TRY OR TRUMA ORY and JOHA ON the of Town Lounty 230 BURIA, R MATION REMOVAL Projectly Parkwood Cemetery . 0 Maryland 20 1967 24. FUNERAL DIRECTOR VR A15 45 Schimunek Funeral Home Baltimore, Marylan



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, Item #15 Film #G33 PRESTON STREET, BALTIMORE, MARYLAND 21201 19 HOSPITAL DR ATTENDING PRYSICIAN. The low requires that the death, ert hugh be executed with n 24 hours off≡ death TO FUNERAL DIRECTOR After this and those has been a goed by the attending physical and campitelety tilled in by the funeral director page 3 shauld be detailed for use as the burial trans-tiperm. Then phase symmetre carbon papers. Pages 1 and should be filed with the State Dept of Health prior to both or constitution, and employed and the state Dept of Health prior to both a constitution, and employed and with the State Dept of Health prior to both a constitution, and employed and the state Dept of Health prior to both a constitution.

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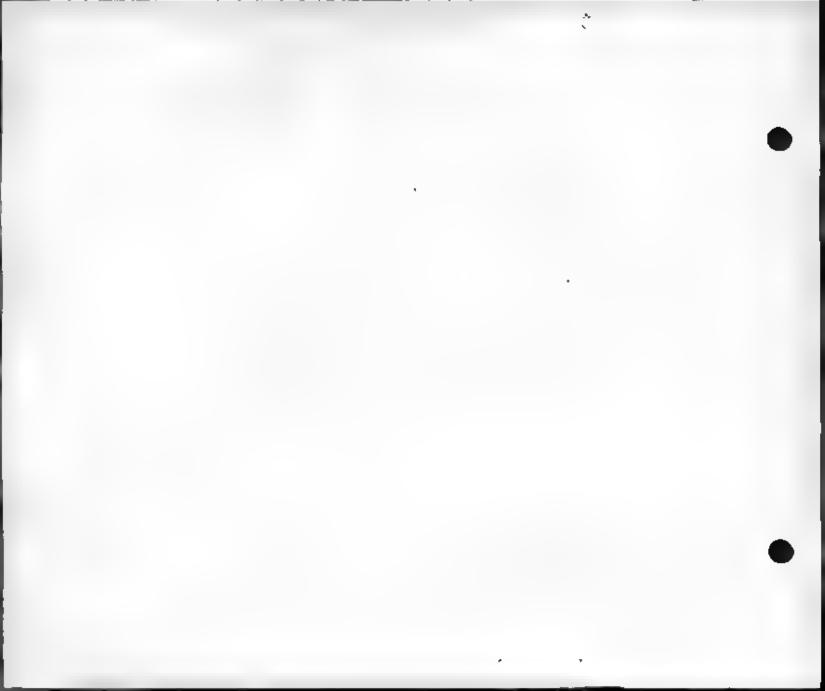
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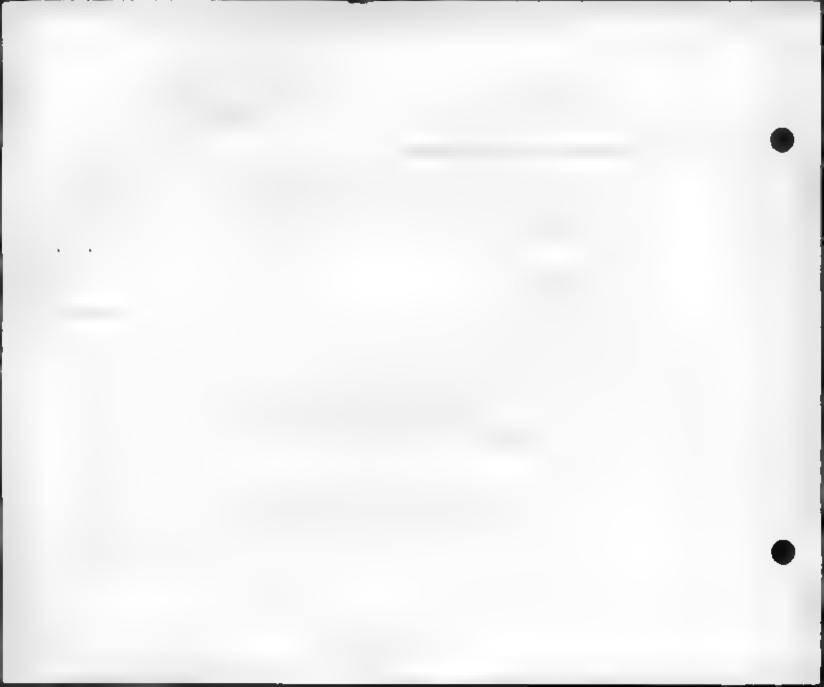




MARYLAND STATE DEPARTMENT OF HEALTH
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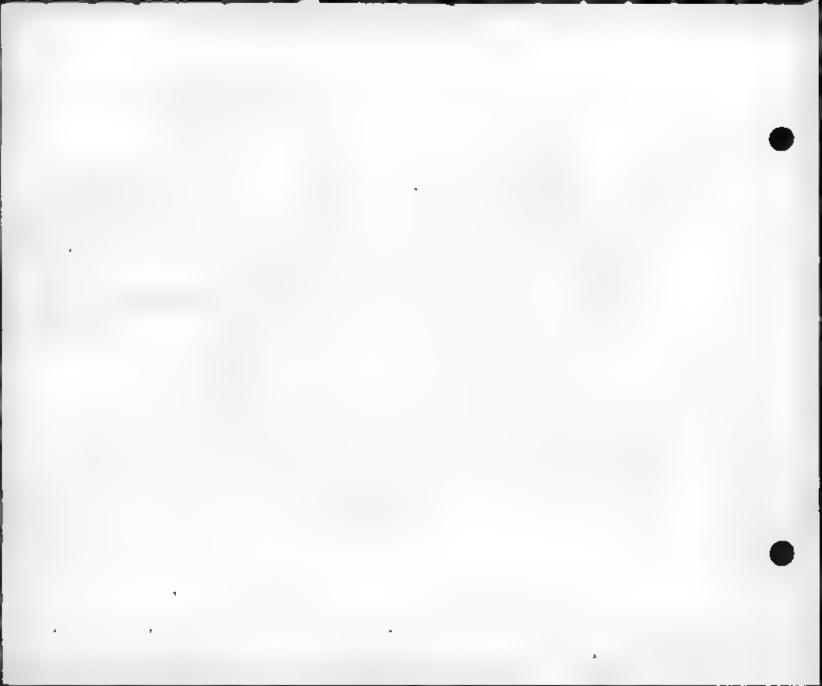


TO FUXERAL DIRECTOR: After this certificate has been signed by the attending physicials and completely Fied in by the funeral director, page 3 should be detached for use as the furial transit permit. Then please manage pages, pages 3 and 2 should be filed with the Stata Dept. of Health prior to bursa, cremation, or removal, and many eyent, within 72 hours—after death TO HOLLING OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after death.

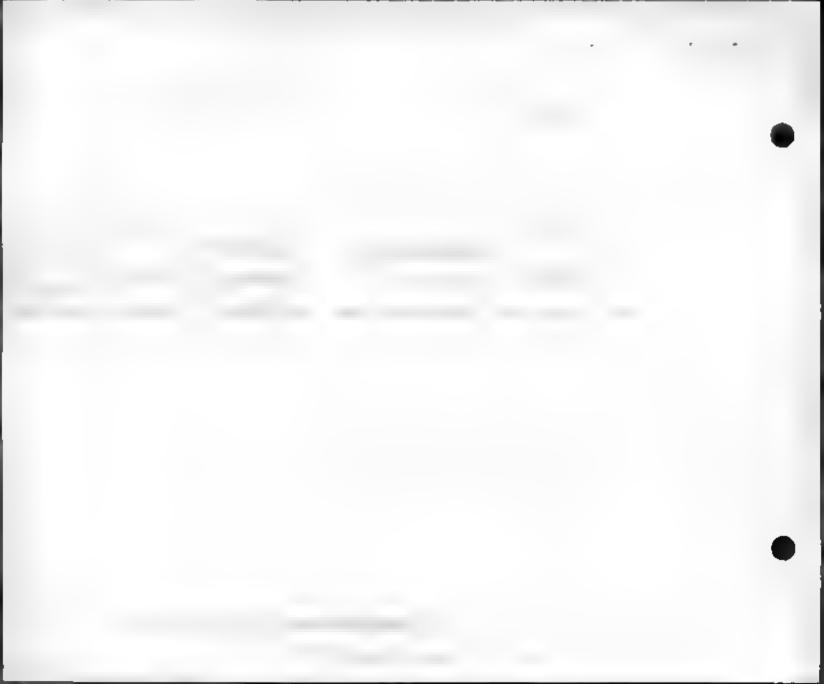
Page 4 may be retended by the hospital or attending physician.

VR A(5 (4) 2DM 1/65

J	MARYLAND STATE DEPARTMENT OF HEALTH
	OLY SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
	- industrial
	e. COUNTY a. STATE b. COUNTY
1	Baltimore MARYLAND Moryland Baltimore b. C'T OR TOWN (if outside corporate limits confidence) write RURAL and give nearest town) write RURAL and give nearest town)
/	White Marsh 8 years White Marsh
	d. NAME OF HOSP TAL DR (NST)TUTION (If not in hospital, give street address) d. STREET ADDRESS 1 9. IS RESIDENCE ON A FARM
	Box 9794 Ioreley Beach Road Box 9794 Ioreley Beach Rd YES NOW
	3. NAME OF First Middle Last 4. DATE Month Day Year BECEASED OF
,	Type of print) Roberta Romael Romael S. SEX 6. COLOR DR RACE 7 MARR ED NEVER MARR ED 3. DATE OF BIRTH 9. AGE (II) YEAR I FANDER 1 YEAR IF ANDER 24 HPS.
1	Remaile . Conc. Wilcomer Days Hours Min.
/	IDS. USUAL DECUPATION (Give kind of work done IDS. K ND OF BUS NESS OR 11 BIRE HPLACE (County & State. or foreign sworty) 12 CIT ZEN OF WHAT
	Housewife Home Maker Baltimore, Maryland U.S.A.
	13. FATHER'S MARKE 14. MOTHER'S MAIDEN NAME
	William E. Murry Lydia Coale
	15. WAS DECEASED EVER N J S. ARMED FORCES? 16. SOC ALSELURITY NO 17 INFORMANT BOX 979A Loreley Road
	No 1 Mrs Richard Rupp White Marsh Maryland
	18. CAUSE OF BEATH TEntor only one cause per (Mr.e for (a), (b), and (c).) PART DEATH WAS CAUSED BY ONSET AND DEATH
i	IMMEDIATE CAUSE (a).
	Conditions, M sety, which)
	gave rise to immediate (10).
	underlying cause last (c)
	FART I DTHERS ON F CANTEDNOT ONS CONTRIBUTION DEATH BUT NOT RELATED TO THE TERM MILD SEASE CONDITIONS VEN IN PART 1(a) 49 WAS AUTOPSY PERFORMED?
	YES HO
	VES NO STATE OF PART O
	ZUC TIME OF WAILEY Month, Day, Year 20d. NEURY OCCURRED 200. PLACE OF NEURY (Home, farm, 201. (City or town) (County) (State)
	ZUC TIME OF WILLRY Month, Day. Year 20d NULLY OCCURRED 200 PLACE OF NULLY (Home form, 20d. (City or town) (County) (State) Home B.m. 29 at work at work
	21 I certify that (i) (this hospital) attended the deceased from /
	saw the deceased alive on
	ATTENDING THE MED STAFF - /
	220 PHYSICIAN'S DIRECTOR PHYS 1
	NAME (Type) Dr. Rumberg 805 Fuselage Ave.
	23a BUH AL CREMAT DN. 23b. DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (E ty. town or county) (State)
	Purisi Tune 23,1967 Parkspood Cometery 258. RECO BY REG STRAM 250 REGISTRAM STIGNATURE
1	George J. Gonce, LOOL Ritchie Hgwy, Balto, Mal DATE UN 2 6 1964 frontes grafes



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE Where deceased over if not not Reside as below a admission a COUNTY 3 to MARYLAND Di OR TOWN II conside imperate in its write RURA and give neures flows THE OR FOWN IS leaded propriate mits. Wood LAWN wood /2 wn d NAME OF HOSPITAL DR NS 100 Hinor in inspiral, give street address. d TREET ADDRESS 1 NAME OF Middle DE-LASED OF DEATH John Maxim, 11,2% I 9 ASH vec MARRIE NEVER MARRIED 4D-8 0 485 sost authority WIBOWED O VOR JED Co. of Air Co. IPA TON Classicand - work done the Chief Medicat Examiner's Oth-N IF WHA during rack of working the every rerived). Machine 3 AFRER NAME 4 MOTHER'S MAILIEN IS WA DELFASED FYER IN U.S. ARMED FORCES? YES W.W. IL pending T 840 1 0 AB. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and PART DEATH WAS CAUSED BY Right GNSE AND A H word Self Inplicated Conditions, if any which gove to rise to mmadiate duse o), DUE TO stating the underlying base PAR THE TREBUNE INDICATOR THREE BY CARREL R & THE RANKS GAR THOUGH SHE PAR SEC PUR 7° X 240 0 600 20g F R'8 Hond Night 18880 receiving the Silving State of the Silving St PRIMARY OF ON RIBL NO C 20: 4 RY Mar at Day Yes 20 39 9 38 P. F. 2 Sign at 15 Kh Holle in While Not While foctory street office bldg. I certify the link for gend the emitted a bod about for dis Autopsy [10.00 J may be reformed in death resulted from: Notural causes Suicide 🔀 Ascident i Homicide Undetermined monner REGISTRAR S SIGNATUR. WE A SME (5) 6M 1767



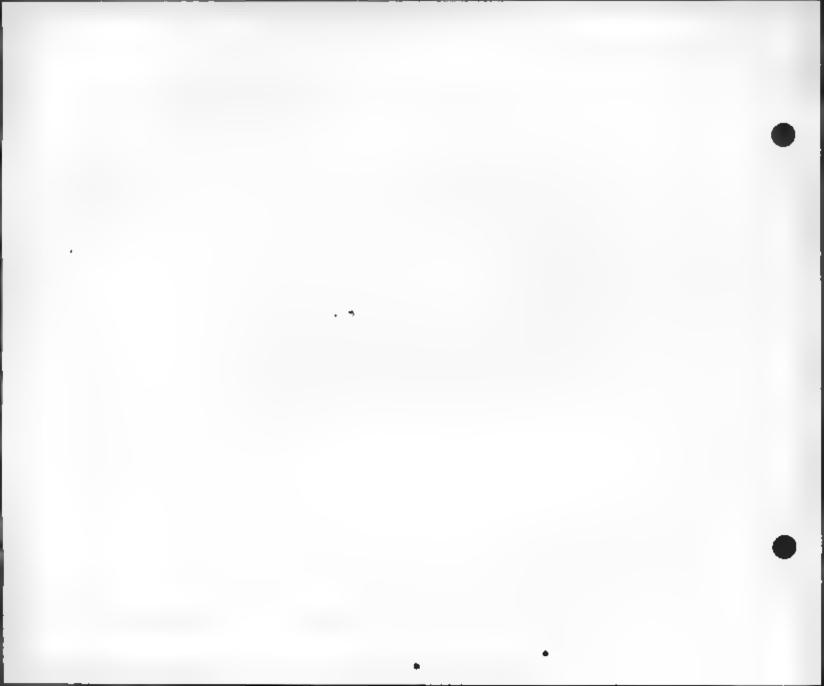
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 07878 CERTIFICATE USUA, RESIDENCE (Where de cased lived if invider on Reade, in below admissing) 24 hages after death funetor 1 ond 1 ord PLACE OF DEATH Baltimore MARYLAND b CITY OR TOWN If conside coparare amins LENGTH OF TAY IN 16 CIY OR TOWN the outside reported limits, write RURA, and give neurous limins 15.004 Cattons VI 11 19 neores 10-49 Davs Ellicott City d NAME OF HOSPITAL OR INSTITUTION It not in hospital give street address; Summit Nursing ome TO RES DENCE ON A ARM d (REFT ADDRES filled 214 Burnside Drive NI OC NAME OF 4. DATE First #addle 0.51 Month Day Year DECEASED QF John Rutledge June 10 67 (Type or print) HTA10 that the death certificate by executed < 1E00 FINGLE YEAR 6 COLOR OR RACE AGF : regry MOEK 24 HK2 E 7 MARRIED NEVER MARRIED B DATE OF BIRTH Months toss inclindor. Male Новы White MIDOWED DIVOR: LD IDo US to CCCLPATION (Give kind of work done OH KIND OF BUSINESS OR 'EN DE WHA! BIR HPLACE (Founty & John o foreign Jountry USA COUNTRY? during grosses working like even il retradi INDUS RY N.Y. City 3. FATHER'S NAME 4. MOTHER'S MAIDEN WAME Rutledge Michael Mary Gallager 15 WA: OF CLASED EVER IN U. ARMED OR TO TO A SUPPLY A SUPPLY OF THE OR SUP 17 INFORMANT 46. SOCIAL SECURITY HO. John E. Rutledge JR, 1214 Burnside D NERVALENTAL 18. CAUSE OF DEATH (Enter only only cause out use foreto PART DEATH WAS CAUSED BY IMAMEDIA 'E CAUSE DUE TO In dition one which gave rise to immediate couse of. DUF 10 stating the underlying Journ O STATE BUT NOT RITAL DITG. FOR HERMINAL DISJECT OND FOR HIVEN IN PART ICC PERFORMED? NO PHYSICIAN ALT AT THE WAS INDERLYING 206 DESCRIBE HOW WIDRY OCCURRED (Enter nations of injury in Port 1 or Port II of them. I OR FON RIBUTING LAUST OF DEATH IF THER INCOMES WEDDING LANGINER 70x TIME OF MILIES Manth, Boy Year 20d INJURY OCCURRED 20s PLACE OF INJURY (Home form (City or town) Pyternack (State) certify that I) thus hounded alterded the deceases from peurajeu eq and that death acid red at & rom couses and an the date stated glave sow the deceased alive an DIRECTOR 720 SIGNATURE ZIT DATE SIGNED DIRECTOR 22d ADDRESS 72. PRYSHIAN TO FUNERAL NAME (Type) director should b 23b DATE THEREOF 23d CCATHON (City of Town) 230 BIRIAL REMATION 231 HAME OF . MITERY OF CRIMATORY (Country) BUTTE! June 5 1967 Green-Wood Brooklyn New York 24 FUNERAL DIRECTOR 256 REGISTRAR'S SEGNALUR VE A 5 (4) Howard H. Hubbard 4107 Wilkens Ave.



1 2	the 2 (21 Film 3 / 7-MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND
FUN STATE	97879 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (7852
MEALIN DEPT.	1 PLACE OF DEATH 2 USUAL RES DERCE (Where deceased lived, 14 Institution: Religious before admission) 4. COURTY 4. STATE b. DERCE (Where deceased lived, 14 Institution: Religious before admission)
중하음 로른	b. CTV OR TOWN OF CALSING COPPOSE S TIMES. C LENGTH OF STAY IN 10 C CITY OF TOWN OF OUTSIDE COOPERSTEENING SIVE REPOSE TOWN
ecessary nay be partment or death.	17) Write RURAL and Dive notatest Mayor)
450 NE	d. NAME OF HOSPITAL OR INSTITUTION II not in hospital give street address d STREET ADDRESS
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delay 3. Par 10un	3 NAME OF First Middle Last 4. DATE Month Day Year
F 22 E	Type or print) / Cl / UNC / MYAN / DEATH farme 24 196/
	23 /Q// Mantha E Days Hours Min.
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	Conditions, if any, which gave rise to immediate (b)
ef N	cause (a), stating the OUE TO
cate should be the word pel the Chief Med Ised as a built o burial, crean	B PART 1 D'HERS ON F CANT COND' HONS CONTRESS ING TO CHATH BUT NOT RELATED TO THE TERM MAL DISEASE CONDITION GIVEN IN PART 10: 19 WAS AL TUPSY PERFORMED?
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if This cert forwarded 3 should be agent, prior	CROSE OF DOME.
form form 3 short	Hour 'a.m. And White my Not whate my factory street office bidg. etc.)
Page ated	21 I certify that I took tharge of the remains described above, held an Autopsy inspect on inquity and in my opinion
ines ines signi	death resulted from Natural causes, Accident Xuj. Suicide, Homicide Indetermined manner []
Deck to the	ACTUAL (1)2 2 PATE SIGNED
MEDS Recute Page for you	ACTUAL SIGNATURE 1.72. T.
5- AL	EXAMIRER'S A FI F KANCT. Address (Street city, John, a churty)
D DEPUT p ease (director rotaved of Heatt	23a. BUR AL CREMATION 23b DATE THEREOF 23" NAME OF CEMESFRY ON CHEMATURY 23d JOERT ON C by Invit Of County) (State, REPORTAL Specify)
E PEEF	DURION 6-27-67 HOLY CROSS CEM HARRISTURY DOUBLING FO.
VR A15ME	JUNE 2 1967 Frances Judge
3500 4 64	X Jack C. Marrie Will T. M.
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1 MARY AND STATE DEPARTMENT OF HEALTH DIV SION OF Y TAL RECORDS, 30) W PRESTON STREET BALL MORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE OWners decreased lived if institution. Reside Baltimore Maryland b (OJh Y Baltimore T FINE HOLD TOY IN the log than to lock the terror whose Richard give the co ade no site fin Catonsville Catonsville State Depar at MARMA C. AC 2010 AR IN 11 or highly grant and solven e 6 8 W. 0 9 30 6110 Edmondson Avenue 6110 Edmondson Avenue MAME OF 4 DATE DEMOSSED 'ypa of grief) EUGENE June 6 HOR OR RAGI MARRILO N / 2 MARR TO B CAT OF BER M Month Jost Surbdoys Dovs ą 9-15-24 DIVERGED Male White Ohice ond? 192, R. PA W retor of wilk done On KIN OF BUSING OR "FIN OF WHIS SURFINE ACT U.S.A. ""Linerype Operator Pennsylvania 3 FATHER'S NAME 14 MOTHER'S MAIDEN NOM Examine DBP Irene W. Murphy William S. Scanlon 4802050 E. Walnut Ė WA A D V KIN ARMSD NA INFORMANT 3 ar many all we give we or done of service) whhn Unknown Rev. Thomas J. Scanlon Phila. Penna. pending Chief Med B 4 10 W a CAUSE OF DEATH in the time in eigen medically to pro-Office and ATH **BYRP** POR TEO HIWO, O OF KY bar, turate over hae MMEDIA'F AI" DUFIO!-Conditions, it any which gove to и сивы вы вр € THE C studing the underlying touse. 0 50 PAR OTHER DRIVEN ON ON ON ON A RELIGIOUS AREA THE RELATE. TO THE REMAIN DIRECT ON HOS AND PARE 9 45 removal PERECEMED? 200 28 Y FR OF LISTNA 20h DES RISE HOW NUMBER OF TRR 1 is an extent of a 1 Pour of P. Should PRIMER TO CATALL IN. ö 6 3 DE6 shou STAL EXAMPNER -E TIM INTRODUCE Marin V House List Dat mayalle 2 | Certify to | Nok charge of he amoin destribed above held or Allaps, |XP Inspe 0 DIRECTOR deoth resulted unit Motula dise A identit Sur ide X Hemilide [] undereim, ep miline CHIEF MEDICAL EXAMINER 22 DATE SIGNED FUNERAL 6/20/67 EXAMINER'S Werner U. Spite. 5 moy 6 NAME or JO NAME TO MY BY THE POWN TRY THE RESERVED TO Our Lady Of Grace Buffygggiordy Langhorne , Penna. 24 INERA, DIRECTOR 2% RESTRAR SUNAT RE **ADDRESS** VR A SME '5' Wm. Cook- Brooks Inc. 1217 St. Paul ST. Baltimere, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTOR STREET, BALTIMORE, MARYLAND 21201 1.75.83 CERTIFICATE OF DEATH

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h 11Y OR 10Wh II putside torporote limits - ENGTH OF WAY IN 6 write_RIJRAX out_we remest_town	TTY OR TOWN (If pulside topparate tribits write RURA; and give neotes; town
RANJAL STOWN	34LTI OPE
d NAME OF HOSPITAL OR SMST. TION It has in haspital give street address.	d STREET ADDRESS 6 IS RESIDENCE ON A FARM?
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15 WAY DECEASED WHEIN U. ARMED FORCES? 16 SOCIAL SECURITY NO 7	PESECCA ?
(Yes no profitiown (If we give wer or defer of service) 215-09-4434 15	S. AMUETTE CHEC AL BOY ILLY IA.E.
B CAUSE OF DEATH (Enter only one rouse par line for oil to and one part in Death was at IFO BY IMMEDIATE AUSE to CONTROL OF THE CONTROL OF TH	
Confidence of the supply and a supply	SE UF RRY
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TOP TOP	AF BEEL WWED.
THE ELITTER PROTECT MEDICAL EXPONENTS	(Enter notions of inputy in fort or Port II of item 18.,
	ACF OF INJURY "Harne, Tarms, 20f (City or town (Launty) (State) many street office bidg entry
21 I certify that , (this haspital) attended the deceased from sow the deceased give on 9 6 ond the	of death occurred at 1757M, from causes and on the date stated above
220 SIGNATURY Williams	ATTENDING MED STAFF 226. QA'ESIGNED TO PHYS DIRECTOR PHYS DIRECTOR
22 PHYSICIAN'S CHARLES IT WILLIAM'S	BALTE (OUNT ', EN 1017
230 BURDAL CREMATION. 23b DATE THEREO 23c NAME OF (EMETERY OR	
34 OUNERAL DIRECTOR ADDRESS	2SHIP BAITI 10RF MARVIAND 2SG REC'O BY REGISTRAR 2SG REGISTRAR'S SIGNAL RE
	m and JL 3 1967 " worder Judge
COL LEVILLON & BROCK INC. 6010 REIST.	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and director page 3 shall dibe defached for use as the burial-transit permit. Then please temishable ted with the State Dept. of Health priatita build in arremation or smootal and in an Page 4 may be retained by the haspital or attending physician YR A15 (4) 20 M 1766

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TO HOSPITAL OR ATTENDING PHYSICIAN



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs ofter death PLACE OF OFATH USUAL RESIDENCE: Where the eased lived, it institution. Residence before admission. b COUNTY Baltimore o COUNTY o SMEMaryland Reltimore MARYLAND 햠 Pages 2 on atmage, about 14 PWO 90 Y ENGIN OF JAY IN B 'Y OX FOW'N (It pulsifile corporate times write RURA) and give inspress fown write RURAL and give rearrs, town. Essex (21) d MAM. OF HOSPILAL OR IN TIT TION To hos in hospital give street address. d STREET ADDRES e IS RESIDENCE popers ON A ARM Ş 701 Christian Ave. Christian Ave. YES DE N ье вхесивед мутия 3 NAME OF Midd e 4. DATE Month Year 6.052 DECEASED OF DEATH 67 Nype or good SCHARMER FRANK June 5 SEX 9 AGE FUNDER YEAR IF TINDER 24 six5 6 TOLDS OR RACH T MARRIED NEVER MARRIED DATE OF BIRTH ygot (a) birthday) Dows Hours. ᅙ white WIDOWEDICA DIVORCED Male 6 No with MAJPA 10k Give kind or work done 05 KIND OF BUSINESS OR TY THE TEN OF WHAT 1 BIRTHPLACE aunity & stote a foreign country MOUSTRY Austria please during (gos) at working life even it street). gug physician death cent heare Farmer Farm Austria IS FATHER'S NAME M. MOTHER'S MAIDER NAME гетоуо Unknown Unknown IS. WAS DECEASED EVER HOUS ARMED FORCES? 16. SOCIAL SECURITY NO 17 IMPORMANT Address IT as no, or unknown) (If yes give wor or doles of service) ō 703 Christian Ave. No Joseph Scharmer None 5 CAUSE OF DEATH 'Enter only one couse per lige for INTERNAL RETWEEN kansı. DEATH WAS FAUSED BY MANEDIATE CHEISE FOR Š DUE TO Signed byrd. Conditions, if any, which gove (b) rise to immediate couse cal-DUF TO doting the inderlying rouse ile H othending prior to linkt 6 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS ON RIBUTING ID DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN PER OR WLD? Νū erhiteate FIFE 200 ACCIDENT WAS INDERLYING " 20h, DESCRIBE HOW INJURY OF SURRED FENING nature of mixers of Port or Port II of Born 18.3 by the hospital OR CONTRIBL' ING CAUSE OF DEATH FIF FITHER INGENEY MEDICAL EXAMINER Depl MEDICAL 204 INJURY DOCUMEND 20e. PLACE OF INJURY 'Nome form 20k MI OF INJURY Month Day Year fully or forward (County) Stores Hour o.m. factory, street, office bldg., etc.). Not While of work ATTENDING of work 2 | certify that (1) (this haspital) attended the degeased from (11) with ta. · fred last be reformed M from causes and an the date stated above 96 saw the decreased alive an and that death accurred at DIRECTOR 22g SIGNATURE DATE SIGNED STAF PHYS DIRECTOR PHYS Page 4 may b ADDRESS 224 PHYSICIAN'S d zector pag NAME year d rector should t BURIAL 'REMA ION 236 DATE THERFOR 231 NAME OF EMETERY OR CRIMATORY Oak Lawn Cometery Baltimore, Maryland - ADDRESS VR A 5 (4) DATE 1407 Eastern Ave. 20 M Funeral. Home



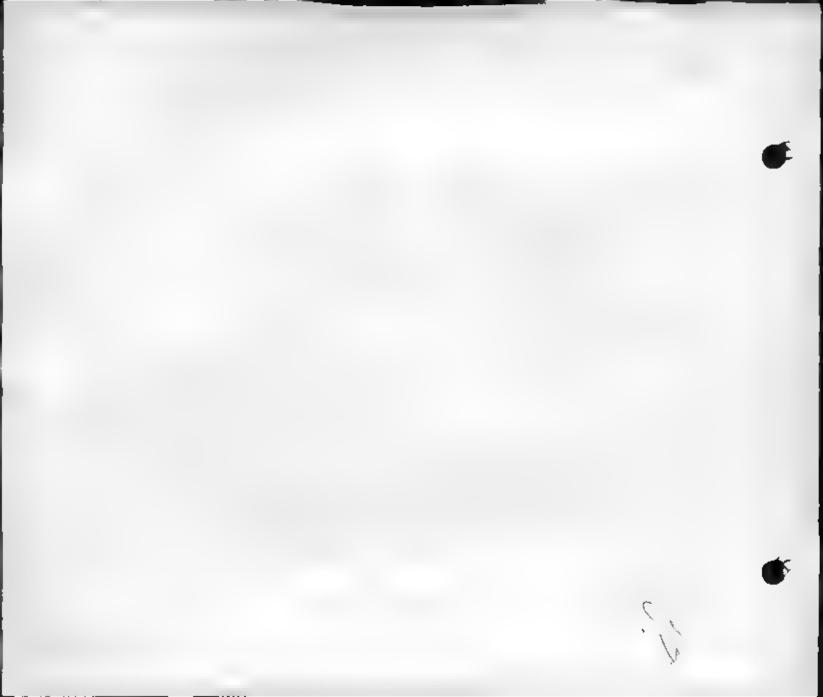
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

PF st		97883 CERTIFICATE	OF DEATH	7865
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 97885 CERTIFICATE death gud I MACE OF DEATH USUAL RESIDENCE (Where deceased lived, vi institution. Residence before admission) a SIATE Mary land a. COUNTY 6. COUNTY BAIO MI BUTING 1914 MARKETT AND Q he Poges b 2011 OR JOHN OF curside corporate limits F TENGTH OF STAY IN B CITY OR JOWN (It outside arporate limits write RURAL and give necrest town) write RURAL and give organit lovel hauss Arbutus A NAME OF HOSPITAL OR INSTIT TION HE not in hospital at 1811 and 18 e IS RESIDENCE ON & ARM? d sTREET 400RESS papers hin 72 Fed 5110 Arbutus Ave. YES NU MAME OF 4 DATE Month remove earban Day campletely. OCCEA ED DEATH 196 even. I ype at print be executed 6 DAIR OF BIRTH P Asset in victor OF JINDER & YEAR JUST 7 MARRIED NEVER MARRIED to a birchdov Months Down WIDOWFD DIVORCED pub 8 106 K ND OF BUSINES OF LASS Do "Sual OE" JPATION Give kind if work done . BIRTHPLACE is number & Stone or fore-on membry 3 IT 7FN OF WHAT during most of working the even it settled Br. 45 h M. 12 KS COUNTRY? please рћу лидг PLD Pittsburg Plate 910 111119 14 MIDTHER'S MAIDEN NAME Schoenfelder emova 13-05-306 offending | WA. DEFENDED HYPR IN U.S. ARMED FOR (FS?) death Yes no incunknown) [II yes give Ever or detes at service] permi 5/10 Arbytus Ave Yes cremation INTERVAL BETWEEN 8 CAUSE OF DEATH If note only one louse per line for 中中 ONSET AND DEATH buttol trans. DEATH WAS LAUSI D' BY IM MEDIATE JAUST 101 signed by DUF 10 Candition: if any which gove me to immediate ouse (a). DUE TO stoling the underlying couse has been ĝ fost. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 PHREORMED? ND 14 h 5 mgs this certificate æ ō 200 AND OFFI WAS UNDERLYING A 205. DESCRIBE HOW INNERY OCCURRED TENTAL REQUIRE OF IDNAY IN PORT OF PART II of their But The haspiral OR CONTRIBUTING ELICALISE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 씥 20e PLACE OF NURY (Home form. ME OF INJURY Month Day You 20d INJURY DOLLRRED ECITY OF POWN (Country) (Store) Hour p.m. factory, street, office bldg., etc.) While Not White of work gl work 19 5 that 21 I certify that) (this haspita) attended the deceased from John 6 P.M. from couses and on the date stated above 96 saw the deceased plive on and that death occurred of, ___ TO FUNERAL DIRECTOR 220. SIGNA JRF 226 DOTH SIGNED PHYS. M.D. PHYS DIRECTOR be filed 77d, ADDRESS 22L PHYSICIAN'S HILMF (Type Mekk/Le/ Weagly threctal should b 23a BURIAL REMATION. 236 DATE IMEREOF 23: NAME OF CEMETERY OR CREMATORY 23d LOLATION (City of Town) County (Store) Burial 6/13/67 Baltimore Md. Loudon Park Cemetery 24 PUNERAL DIRECTOR ADDRESS 750 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) Howard H. Hubbard F. H 4107 Wilkens Ave. 20 M 1/65 Cherrien



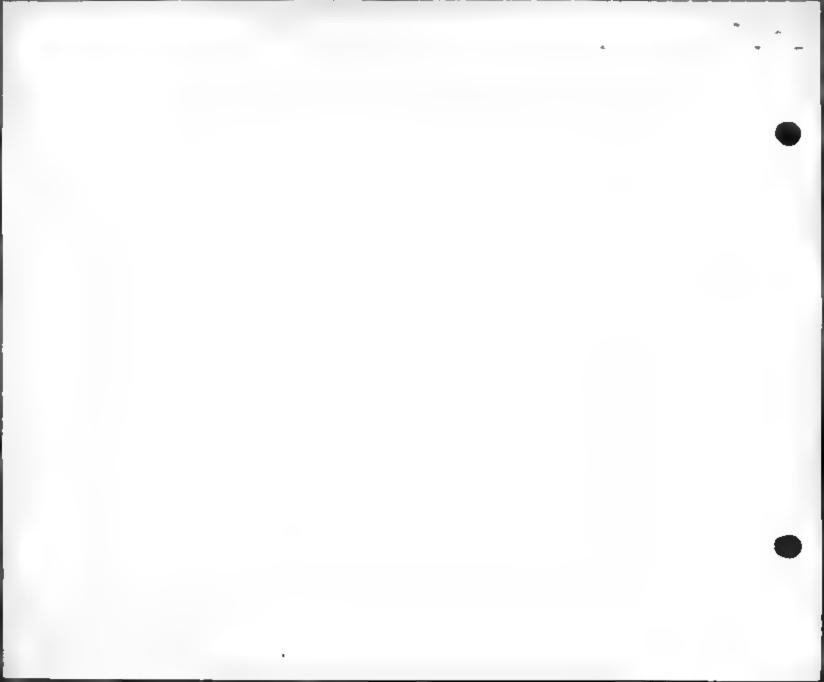
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

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Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALT MORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH JSUA: RESIDENCE Where permited head in D. COUNTY N. JOHN Y Baltimore Maryland deloy Y OR NWN 11 - Nide arganise limit write RURA on give repress row: Circ CWN and de lathoriste impo-FAGTH OF TAY IN 18. with R 'RAL and once neares fawl Baltimore 21234 alte d NAME 3: HOSPI As 3R KS IT JON I Int in hour or give their odding H IRE ADDR 35 ON & ARM 8110 Oakleigh Rd. St. Joseph Hospital g) ò NAME OF 4 DATE Middle. DECEASED Type at 400 (Hiram DEATH 5 (E) 9 AGE in Age alon F INT ROLL IRS NEVER MARRIED 90 v Wanth White WIRANIE CHYCRA IPAT IN Spek at 6 work solie IN DE WHA d made working life grand tetingfli West Virginia Lumber Mill Carpenter Exominer I MOTHER'S MAIDEN NAMA ğ s Alexander Schoppert Mary. WA DESLATED BYFRON ARM FOR Melto. Md. 6 of its in IR Y NO INFORMANT Yes many unknown) (If yes give war or dates of service) Harry E. Schoppert, 8110 Oakleigh Rd. 18 CAUSE OF DEATH Fotos only one couse per line life and KTERVAL BUTWLEEN PART DEATH WAS CAUSED BY WMFDIATE JABSE (6) _ DUE TO ned too goy which gove le o minediote orice o PAR II THER USNIED AND INCHION! TOKTRIBL'INCTO DEATH BUT NOT RELA 60 A 200 EXTERNAL CALISE WAS 2015 DESCRIBE HOW INJUSY DOCUMENT HER COLORS of have Part on Por Unit term 8 should PRIMARY .] or CONTRIBUTION ALP OF DEA H 20c TIME OF NEIURY Month, Day, Year LE LPLATE OF WHER at lown fortony sheet, office bidn, etc. ? I certify that remains described above beid To Autopsy aspertia: and in my age an death resulted traver Naturahtäusest Ausden! P Sumide, andétermined mariner XAMINER 22 DATE SIGNED ASSOCIANT MEDICAL EXAM SIGNATUR FUNERA. D. BUNG D. DEPUTY MAD AL EXAMINERS NAME YOR address urise into rown or county O'Donell M. D. 236 B RALL REMAINS 236 DATE THEREOF 31 NAME OF OLATION with all Town 6-20-6 New Cathedra Baltimore, Maryland 24 FUNERAL OIRECTIR AUDRESS. 250 Ret O BY REGISTRAR 25b 8521 Look Raven Blvd. Balto. Nd. Wm. E. Johnson, VR A SME ISH. 6M 1 166

MARYLAND STATE DEPARTMENT OF HEALTH

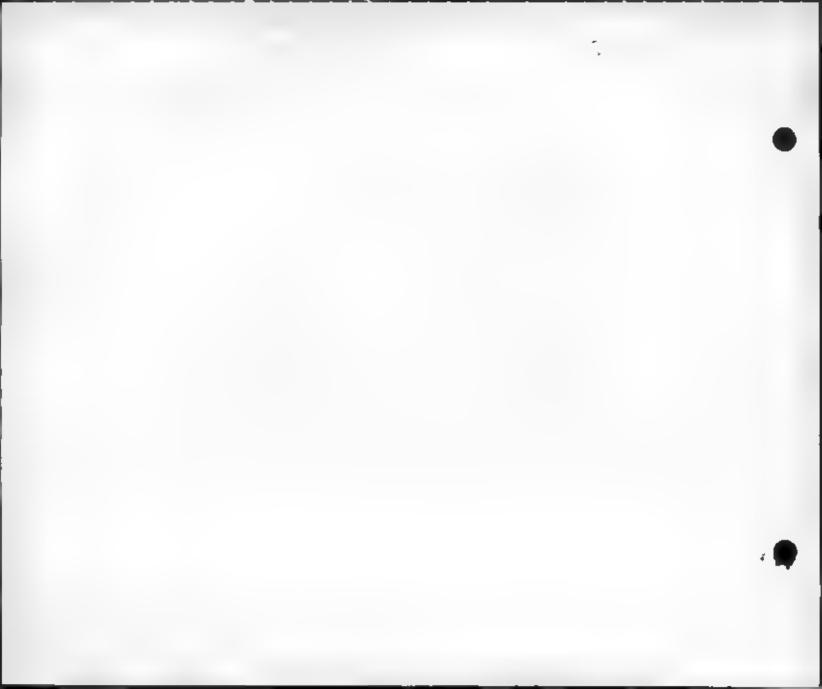


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

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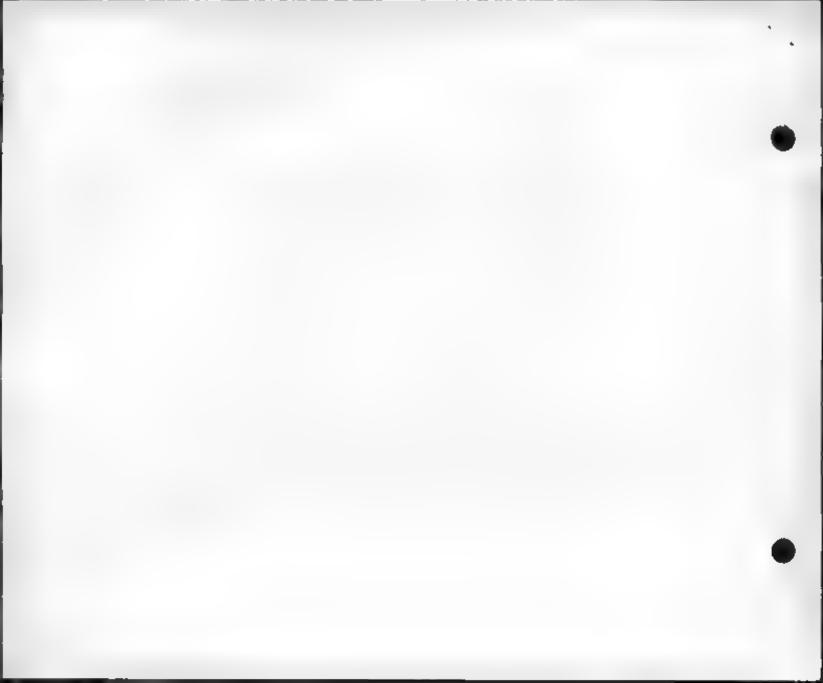
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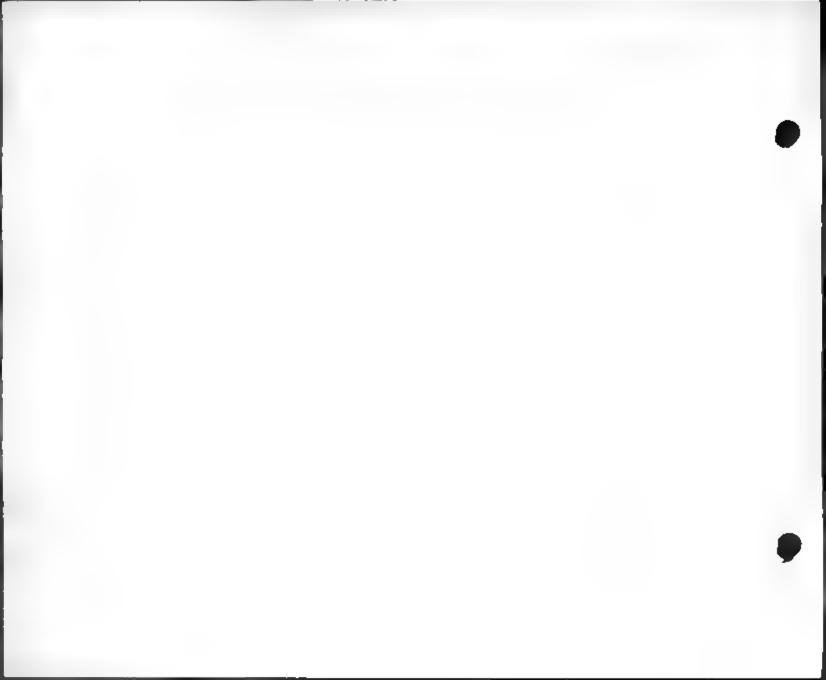
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH and PLACE OF DEATH USUAL RESIDENCE When decreased lived of institution. Residence but we admission 다음 o CUNTY . b OUNTY Baltimore Maryland Balto FIND IYSUM TY OR TOWN II outside rarpoiete limits, write RURA, and give necessit town 6 JIM OR CWN (If outside largerate limits ENGIN OF TAY IN IN Parkville Parkville Yr S d. NAME OF HOSPINAL OR INST. L. TON. If not in hospital, give street address d STREET ADDRESS e IS REDDENIE pabel IN A ARM? 홀 c Mily 3116 Willoughby Rd Will loughby All h nově, drban 3 NAME OF Middle 4 DATE Mouth JOY Yes DECEASED Type or print) SCHUBERT OF MARY 67 очпе avent DEATH FUNDER WAR THE WORK OF HES 5 5EX dwd romb 5 COLOR OR RACE a george MARRIED NEVER MARRIED DATE OF BIRTH A - " Mythdor) Months 0095 Noury W ent WIDOWED DIVORCED tion USHAL OXIGEPATION (Give kind of work done DE KIND OF BUSINESS OR 2 TIPPEN OF WHAT BIR THPLA (Lounty & State or foreign (bunky) during not of working life even il retired)
At Home USA physician i INDUSTRY England 5 4 MOTHER'S MAIDEN NAME 3 FATHER'S NAME William H. Hainsworth Mary Lister amending ((em S. WAS DEC ASER EVER IN U.S. ARMED FORCE ? 6 SOX (A) SECURITY NO INFORMAN' Addres: (Yes, no, or anknown). (If yes give wor or doses of service) 6 Family records MONON 8 CAUSE OF DEATH Fire only the couse per upe for jo NITRVAL BETWEEN ONSE¹ AND DEATH signed by the burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-burial-bu PART DEATH WAS LAUSED BY IMMEDIATE LATISE to ge DUE TO tandition: if only which gove a resolution and a significant as a DUF TO -CI stating the underlying couse peen 2 5 ä WAS A T SEY DAT IN OFFICE TRAINED TO THER SIGNIFICANT TO TO THE AT THE OFFICE OF THE SERVICE TRAINED TO THE TRAINED TO THE SERVICE OF THE SERVICE TRAINED TO THE SERVICE OF THE SERVICE PQ5 OR ATTENDING PHYSICIAN The PER IRMED Medith YES I . NI firegte 206 A.J. DENT WAS UNDERLYING 20b OF LIBERHOW INJURY CHAURED Term notice of injury in Port of Port II or term 8 OR IN RIB - INI- [2] AUSE OF DEATH ted the DE EITHER MOTHEY MEDILA: EXAMINER) Dept 老 20c TIME OF INF RY Munth 70d NURY OC BRRES 20e PLAC OF IN DRY Home form thy a lewest Property) 45tote deta. 10.00 Nour olm White Not White Factory street, office bidg lets or work at work 100 21 I certify that (a thirs-haspine,) attended the decarsed from padina. 3M Mar to se and se he date stated above director page 3 shall director page 3 shall dish in the and the dee accorded of Yow the deceased at ve an 220 SIGNATURE DATE SIGNED. ALD. PHYC PHYS Page 4 may b 220 ADDRESS 221 PHYSICHON'S NAMI TOR 5214 Harford road ames 236 DATE THEREOI 3. NAME OF FAIFTERY OR CR AND ORY 230 BIR A REMATION. a3d ChailON into account Lounty States B A Pagily) Northwood Cem. a 24 FILINERAL DIRACTOR 250 Rt. D BY RESISTRAR 25b RF - TRAR'S SIGNAFORS VRAS 4 Munich 2534 -67 .E. EVANS & SON 8802 Harford road

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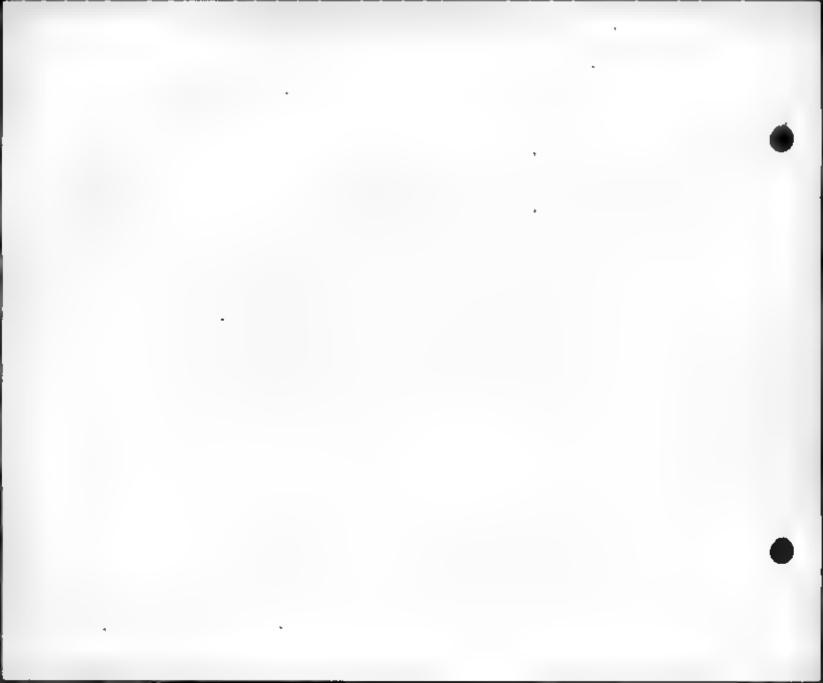
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 37891 CERTIFICATE OF DEATH 24 hours ofter death PLACE OF DEATH 7 USUA1 RESIDENCE (Where deceases lived if institution. Residence hetere admission. Baltimere P COMMIX MARYLAND b CITY OR TOWN If outside comparate limits < RENGTH OF STAY IN 16 CITY OR TOWN 18 outside amorate Amily write RURAN and give horized fownwhite KURAI and give neurest fown? d NAME OF HOSPITA OR INSI TI TION (If not in hospitol give itreet address d STREET ADDRESS. e IT RESIDENCE papers DIO A ARM? 1128 Baker Ave. 1128 Baker Ave. YES | HO even NAME OF Maddle 4 DATE Marth carbon 05 Yeer compretely DECEASED OF. Ethel Sebasevich 17 June 67 10 Type or print) DEATH IF INDER BLOR OR RACE KANEYER MARRIED 7 MARRIED 8 DATE OF BIRTH 9 AGH 15 440 YEAR JERONOSKI SALHRS ove osi <u>badhdoy</u> Month Hears Feb. 6, 1914 100 WIDOWIO DIVORGED Ma. JSDA: 001 IPAHON IG:ve kind at work dane. 106 KIND OF BUSINESS OR ZEN OF WHAT BIRTHPLACE (County & state or tareign country) the death ce intuate be physician (dunna most at warking life even if retired SHUSTRY LOOK RYT Maryland USA 13 FATHER'S MAME 14. MOTHER'S MAIDEN NAME Late - Charles Bagent Tehithas Fischbeck gr# 5 WAS DECEASED EVER IN L. ARMED IRL 20 16 JOLIAI SE IRTI Y NO HIEORMANI. Mr. Jeseph Sebasovich (Yes no grunkingwin (If yes give war at dotes of service) ō 216-03-4221 1128 Baker Ave. - 21207 18 CANSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INT RVAL BETWEEN PART .. DEATH WAS AUSED BY ONSIT AND DEA H Witen basa nome. MANAGORATE JUSE 10. Ė DILLE TO bond the bund Conditions, if any which gove rise to immediate ouse all BUE 70 storing the undersylle Louise alval ĕ los! WA A PER PART II DIMER SIGNIFICANT CONDITIONS CONTRIBUTING O DIGATH BUT NOT RELATED TO THE FEMILIAL DIGATE LIMITION GIVEN IN PART to Š NU JE ATTENDING PHYSICIAN ZCO ALL DEN' WAS INDERLYING] 206 OF CRIBL HOW INJURY OF TRRED (Enter notice of injury to Part of Part Planter 8 <u>...</u> OR CHIRIE TING Adda a DEATH THE ITHER MOTIFY MEDICAL , XAM NER 20d INJURY OXYGRRED 20e PLA F OF INJURY Home Form 20c IM of INJURY Month Cov Year the or Town Ante WED! Hour pun While Not While of work factory, street, office bidg., etc.): 967 that (1) (we last certify that) (this haspital) at ended the dereased from 1/24/ Helle 1 you the decented give on selected to 95; and that death a tred at 5 Mr Ham carses and an he date stated above DIRECTOR 22p. SIGNA JIKE 226. DATE HISNED 0.66 DIRECTOR PHYL 22d ADDRE 224 PHYSICIANS O HOSPITAL FJMERA, Andres E. Calas 6411 Frederick Rd. NAME Type ector d 'ech 230 BOKING R MOTION 236 DATE THEREOF 23) NAME OF METERY OR TREMATORY Add OLA ION IT you Town (County 15tote Lorraine Park Com. Baltimore, Md, 0 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 4₁ 2566 - 67 D. - 4101 Edmondson Ave. Milliane



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3DI W PRESTON STREET, BALTIMORE 1, MARYLAND 893 CERTIFICATE OF DEATH 엹 PLACE OF DEATH a COUNTY USUAL RESIDENCE (Where defeated used. It institution. Residence before admission) # STATE COUNTY fruger! MARYLAND. 神 c CITY OR YOUN Mt outside corporate limits, write RUNAL and give nearest town b CITY OR TOWN if outside corporate limits, C. LENGTH OF STAYAN 16 write RURAL and give nearest town 2. 12 244 2 d. NAME OF HOSPITAR OR INSTITUT ON (if not in bososta). B. IS RESIDENCE d STREET ADDRE ON A FARM? No. NAME OF First Middle DATE Month Day Year DECEASED e care (Type or priot) DEATH executed 6. GOLOR DS-RACE SÉX In years IFUNDER 1 YEAR INDER 24 FIRE AGE burthday and president Hours ahy DIVORCED. physician in prease of Ē LOS, JSJA, DCCJPATEON (Give kind of work done IDD KIND OF BUSINESS OF County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if ret and certificate Then pie FATHER'S NAME MOTHER'S MA DEN NAME 팔홀 먇 15. WAS DEL EASED EVER IN U.S. ARMEDIOUSES
(Yes, no, m, unboun) (1) yes playing and alex of service) 16. SOCIAL SECURITY NO MAR DRIMAN Address. b after The alto cremation. CAUSE OF DEATH , Enter only one cause per line for (a) INTERVAL BETWEEN ONSET AND DEATH signed by uria trans 合 DEATH WAS CAUSED BY 201 IMMED ATE CAUSE (4) buria.t Cenditions. If any which been gave rice to immediate a e **DUE TO** (a), stating prior underlying cause lest PART I OTHER SIGN F DANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) WAS AUTOPSY certificate CERTIFICAT PERFORMED? fo ox Healt YES [NO [PHYSICIAN; 20s. ACCIDENT WAS UNDERLYING TO OR CONTRIBITING TO GAUSE OF DEATH (F EITHER, NOTIFY MEDICAL EXAM NER) detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) SA 20c. TIME OF NURY Month, Day, Year 20d. NJURY OCCURRED 20a PLACE OF NJURY (Home, farm, 20f. (City or town) (County) (State) (sciory, street office olde., etc.) HOUR O.M. MEDI White Not White ATTENDING p.III 19 retained 70 eu-21. I certify that My (this hospital) effended the deceased from. that (i) (we) last shor. 5 and that death occurred at DIRECTOR saw the deceased alive on. ~ M, from the causes and on the date stated above. £ 228. SIGNATURE 22b. DANE SIGNED PHYS & MED 0 DIRECTOR M.D. PHYS. 2 22c PHYS E AN ADDRES O FUNERAL 22d. ä di ector should be BUR I Specify 23a. BUR AL CREMATION, 23b. 230. LOCATION (C ty. town or county) State FUNERAL DIRECTOR REGISTRAR'S S'GNATURE 25b VR 415 20 M 1.65



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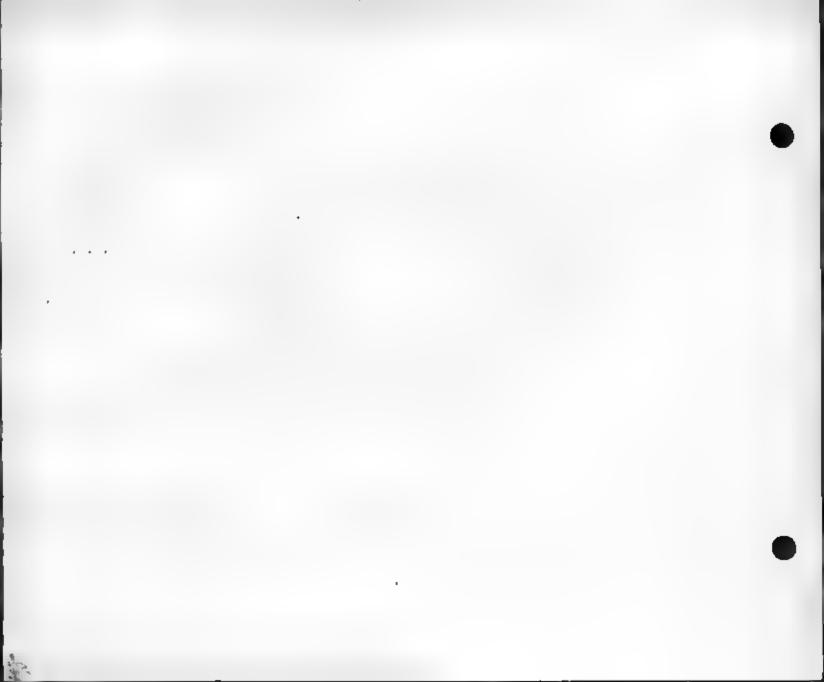
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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07895 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07673
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AL EXANT The ce + should is r files CTOR Pag des gnate	death resulted from: Natural causes Accident Suicide (, Homicide (, Undetermined manner (
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE "Where deceased lived if institution Residence before admission PLACE OF DEATH 6. COUNTY b. COUNTY MARYLAND BALTIMORE MARYLAND bill TY OR TOWN in parside in coate himiti ENETH IF WAY IN B TTY OR TOWN IP livitude imporate limits write PURAs and give represt sown write R (RA) or notices fown DAYS BALTIMORE - 21223 FORT HOWARD a STRIFFT ADICRE d NAME - HOUPING TRING TOOM If not in hospital, give street oddress a IS REGIDENCE ON A FARM 41 S. STRICKER STREET VETERANS ADMINISTRATION HOSPITAL -4 | NO 🕱 NAME OF Middle 4 DATE Morab Dor Year DECEASED 0F 8 W. JUNE 67 Typs or annih RICHARD $\mathbf{SHIPLE}_{\mathbf{Y}}$ DEATH exacuted by a IF UNDER YOURS 9 6GF in year 5 400 b 'GLOR OR RACE * MARRIED DATES BIRTH YEAR NEVER WORRIED 54 arrhiday Manths MALE WIDOWELL DIVERTED WHITE P E ALC: PATION GIVE Kind of world done SE KIND O BUSINESS OR anny & Pate or foreign, gentry ZIN DE WHA WIN KAS furing most of working life, even a renired AND PLIES. eert-ficote U.S.A. MACHINE OPERATOR **PAINT SHOP** WEST VIRGINIA H MOTHER'S MAJOER MAME MAUDIE PHILLIPS RUSSELL SHIPLEY 5 WA DE BAJES EVER IN ARMI FORCE b (O) A) (FEJRITY ND Shipley-212 Stricker Yes no opposition of the same way a dates at service þ 10 that the CAUSE OF DEATH into only one rouse on 4:5 PART , DEATH WAS CAUSED BY PEATH BRONCHOPNEUMONIA MMEDIAL CAUSE of ă 9 903010 P UNDETERMINED NEOPLASM WITH WIDESPREAD METASTASES orditions if any which gave rise to immediate couse fol. DUE TO stoting the underlying rouse 中 見 (c) ONHER HIGH TUANT TONG TIONS CONTRIST TING TO SEATH SLIT NOT RELATED TO THE TERMINAL CLIPAGE INC. I'M HART W6 6 1951 PERFORMED NO. 205 DESCRISE HOW INJURY OCCURRED lEnter notices of injury in Port of Part of High \$ 21 AU TOFN' WA INDIRINING 3 TRICK RISHTING IN ON IN DEATH HER NO PARCINAL XAMINER 20x TIME O INJURY WINDS DOV Year 20d INJURY BY WRED. YOR PLAN OF NORY 45 THE LOCK #101e into am White Nr. W 18 to any lifees lifting all ATTENDING nt work g 6/8/67 2 I certify that DC(this hosp of) alte ided the deceased from and hat death accorded a 9:15AM from base and an the date sided above sow he deceased aline on 67 DIRECTOR 22r SIGNAGUE 726 SAT HUMEN 1,0FL 6/8/67 ake bod a 22 PHOTE IAN 22d AODRE FUNERAL NAME yps VAH FORT HOWARD. t 10 "BI MAM IF MY RY OR TREMATORY 23g BIRIA R MATION 216 DATE THERES BALTIMORE NATIONAL BAITIMORE, MARYLAND 2 24. FUNFRAL DIRECTOR **ADDRESS** Ocharies VEATS (4) WITZKE FUNERAL HOME 167 HOLLING & CILMOR STS.



MARYLAND STATE DEPARTMENT OF HEALTH

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	d NAME OF HOSPITAL OR INSTITUTION (If not in Nospitol, give street address)		4008 Chesmont Ave. # 6	e IS RESIDENCE ON A FARM
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TB5	s. no or unknown \$11 was give wor or dutes of service 21.2~05~7 463	A 0	lara May Simmons, dght. a	nove.
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	21 I certify that this hospith attended the delease		May 19 9 67 to June 22	
		and that	death a cored at 3:45AM, from couses or	
	To SIGNATURE + ~ regal	- M.C	DIRECTOR DIVIS	June 22, 1967
	MARK (Type) Pridipongse Vithespongse		7620 York Rd., Towson,	21 2017
220		CHESCON NO		
r.jri	Almonto de la Caración de la Caració		aith Cemetery Balto., N	id.
24	FUNERAL DIRECTOR Schimunek Funeral Home		AG RICO BY REGISTRAR 256 REGI	STRARS GONATUR

Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR After thus cert to the directar shaufd be VR A 5 5

TO MOSPITAL OR ATTENDING PHYS CIAN. The law requires that the death certricate be executed within 24 hours often death

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has been signed by the ottending physkian is se as the burid transit permit Then please

Schimunek Funeral 3331 Brehms Lane

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STAT STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT-MORE, MARY-AND 21201 DEATH CERTIFICATE OF. MACE OF DEATH 2 USUAL RESIDENCE (Whole decressed lived if institution-Residence before admission) JL STY ALTO P OPNLA CITY OR TOWN It opiside organize limits write RURA and give request fown b CITY TR TOWN If our de apporate limits FNGTH SESTAY IN 'b write E RAI and give means clawer U W BALT MORE e NAM, OF HOSPINAL UR INSTITUTION Things in hospital give street address, d TREET ADDRESS a IS RESIDENCE DRESDEN ON A FARM COUNT NO 3 NAME OF the death terminate be executed with pou Middle 4 DATE SINSKY DECEASED OF Type or poot! DEATH AGE In year FUNDER TYLAR INDER 24 HRS 6 FOLOR OR RALL 5 360 7 MARRIED NEVER MARRIED **8** DATE OF BIRTH OTH BY 9401 last birthdovs WHITE DEWOORK oug iOn it like tit. PATION Give gird of work done 106 KIND OF BUSINESS OR TIZEN OF WHA 1 BIRTHPLACE If oursty & Stote on foreign country? OUNTRY during ment of francing its even if whited) pieose KUSSIA . FATHER" NAME 14. MOTHER'S MAIDEN NAME S WAS DE. ASED EVER IN . S ARMED ORE ST IN SUCIAL SECURITY NO 7 INFORMANT INSKY - SHIDE AT ABOVE Yes no at unknown) (if yes give war or dates of service) ₽ mation. NTERYAL BETWEEN B CAUSE OF DEATH (From only and duse per une for (a), b and MYOCARDIAL INFARCTION 4.000 PART I DEATH WAS AUSID BY IMMEDIATE CAUSE IOL DUE TO burid Conditions it any which gave his to minadiate able al. DUE TO stating the undarlying court kr. WAL AUTOPS! PERFURMED? şõ PART II OTHER JIGNIFK ANT CONDITIONS CONTRIBUTING TO DEATH BUT HOLD RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART INC. NO TH 20n ACC DENT WAS UNDERLYING 1 205 DESCRIBE HOW INJURY OCCURRED lenter nature of injury in Part or Part II of Item 8. DR TONTRIBUTING EDVAUSE OF DEATH CYF EPCHER MOTIFY MEDICAL ENAMENER) 20e PLACE DE NURY Mome form County 20a MILIRY DOGURRED (City or fown) Stotes TIME OF INJURY Month Doy Year Hour am. While tactory street, office bldg, etc. Nor While of work of work that (I) (we lost 21 I cartify that (1) (this haspital) attended the deceased from. be reformed and that death occurred of ? of M. from couses and an the date stated above saw the deceased alive on DIRECTOR 22o. SIGNA NASI ATTENDINE PHYS STAFF 22c PROSIDIAN'S Poge 4 moy ORTEN PO FUNERAL director po NAME (Type) 23) NAME OF EMPTERY DRICKEMATORY 23L LOCATION If the or Towns 230 BURIAL EREMATION. (County) Stotes REMOVAL IDENTY 17/13 13RAGL 24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATUR VE A15 (4)* 20 At 1/66 LEWIS L'SN GARRISON, MIDNELL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RES'DENCE (Where deceased lived. I institution: Residence before admission) a COUNTY Balto B. C TY OR TOWN (If ouls: ca corporate im-fa, C LENGTH OF STAY 'N .b C TY OR TOWN (Pourtaide corporate limits, write RURAL and give nearest town) W: to RUPAL and give nearest town) Randallstown Randallstown d. NAME OF HOSPITAL OR NSTITUT ON HE not in hospi at give street eddress) d STREET ADDRESS S RES'DENGE ON A FARM! 旦 Bz 353, Marriottsville Rd. 353 Marriottsville YES IE MAME OF Middle 4. OATE DECEMBED (Type or print) **OEATH** John June 2 with S COLOR OR RACE 7 MARRIED Give Pages 1 DATE OF B RTH AGE (IT YER S FUNDER I YEAR IF UNDER 24 HRS NEVER MARIT ED I (agt birthday) | Months | Days | Hours , Min. death WIDOWED T DIVORGED YTI. and event 108 USUAL OCCUPATION 'Give hind of work done' 10b. K NO OF BUSINESS OR B'RTHPLACE (State or toraign country) COUNTRY? during must of working life, even if retired. NDLISTRY carpenter construction Roslyn, Md. USA .3 FATHER S NAME 4 MOTHER'S MA DEN NAME 24 hours Thomas Skipper Millia Rhodes

none

15 WAS PER EASED EVER N S ARMED FORCES?
You, no, or unknown) (Eyes give may or daily of service 16. SOCIAL SECUR TYNO 17 INFORMANT Add Kandallstown, Md. Jane S. Wilson, 3702 Laburman Drive, 21133 18. CAUSE OF DEATH (Enter only one cause per line for (a., (b), and (c., l) INTERVAL DETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 4 VIS MMED, ATE CAUSE (a) Arteriosclerotic C-V Disease DUE TO Conditions, H any, which Dis save rise to immediate DUE TO cause (a), atother the underlying cause last PARTY: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) WAS AUTOPSY PERFORMED' YES T NO R

20b. DESCRIBE HOW MURY OCCURRED (Enter nature of Injury in Part | or Part | of Rem 18.)

NO

(State)

Year

20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 2De PLACE OF NJURY Home, farm, 20f (City or town) (County) factory, street office bidg., etc.) ! Not Wh 6 While none at work at work certify that I took charge of the remains described above held an Autopsy. Inspect on 'X'. ngu ry ox and a my ppinipa death resulted from: Natural causes X. Accident Undeterm ned manner CHIEF MEDICAL EXAM NER DATE SIGNED ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER IN ELLAMINER'S D. D. Caples, Md. Hanover Rd. HAME ITYPE Address (Street, city, rown, or county) Reisterstown, Md. BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City Town or county) REMOVAL (Specify) Balto. Co: Md.

25am DECHO BY REGISTRA 25b. RIGISTRAN'S S CHATUR Loring Byers, 8728 Liberty Rd; Randallstown, Md

Wards Chapel Cem

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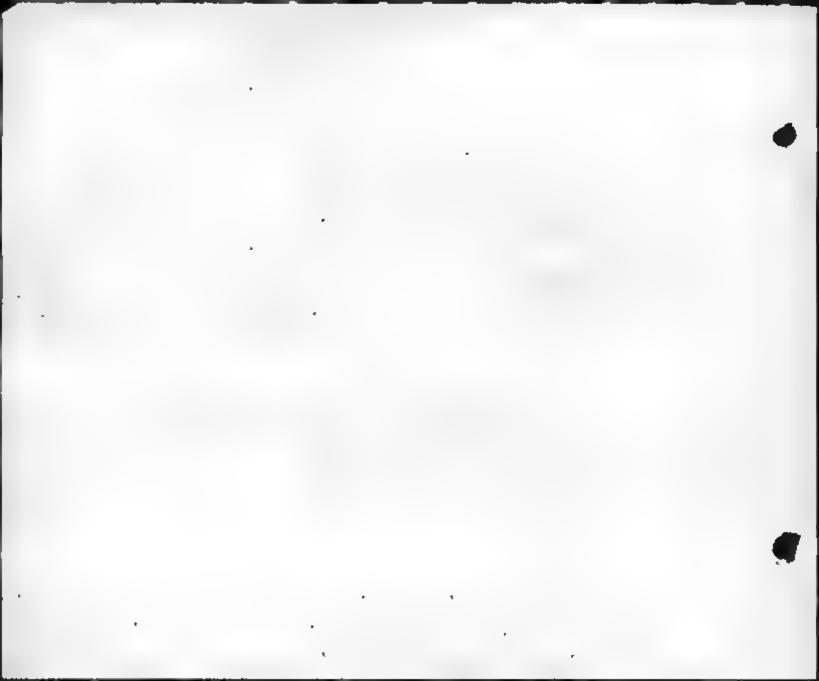
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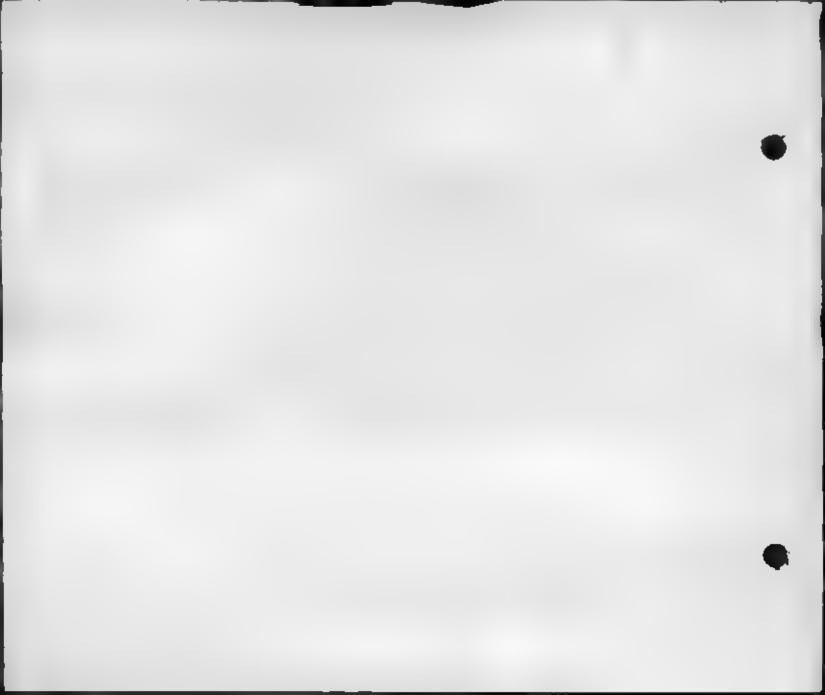


MARYLAND STATE DEPARTMENT OF MEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH Late or Printle ond ALBERT D. SLESINGER 5-19-67 PLACE OF DEATH IN BALTIMORE MARYEAND A STATE E CO NTY FLL NAME OF time in According to influence give slied 24 hours MARYLAND HO PITE OF oddiesa oa o ohemi C. CITY OF TOWN NATIT TION Ill evilable city to a - write 2 34 popers BALTIMORE 3 SUDBROOK COURT C STREET ADDRESS a doll giv in abon ć BALTIMORE, MARYLAND 100 artely arbon S SUDBROOK COURT 5 SEK 16 RACE MARRIED, NEVER MARRIED executed WIDDY ED, DIVORGED POWER 4 H s. MALE WHITE MARKIEU

OF BUSINESS OF MOUSTRY Worth Days Horis 86" 4-7-81 SIRTHPLACE jobs or overy, country WHAT COUNTRY DOUBLE PATHETS NAME certificate 4 MOTHERS MAIDEN NAME LOUIS SLESINGER BETTY MANDELBAUM Was Decaused Ive in C & Armed Poices? 6. SOCIAL " NEORMANT Sirves no grunscown III yes give wor or doles or news **ADDRESS** SECORITY NO Е Per P CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISTAST OF CONDITION DIRECTLY 9 à 0 9 LEADING TO DEATH Signed burned 1 This dies no mean the made of dying alg. hear for use astherio em eons the diseasa niety or amprecation which prised death to been s the ANTECEDENT CAUSES Let S DUE TO DISTASES OR CONDITIONS, if any, giving 0 0 aso to the above cause (A) stoling the dram bus of UNDERLYING CONDITION 1931 PHYSICIAN. ō ш OTHER SIGNIFICANT CONDITIONS CONTRBUTING TO THE CEATH BY N R 4 C TE '22 I cart fy that (I) (this hospital) altended the decresed from ATTENDING 194- 010 that (I, (wa) lost saw the decreased alive on and that in (my) (abc) op man duath accurred on the date and hour and from the causes stated above. (1) (Me) (did not) view the body after death, DIRECTOR D3A S GNATURE & DATE SIGNED. Alberton 03 pod 4 230 PHYSICIAM'S NAME ARK AVENUE. FUNE ALAN BERNSTEIN 2 BALTIMORE, MARYLAND 244 BUR'AL CREMATION, ME DATE 24" NAME II CEMETERY 9 REMOVAL specify 04 -196 VR A 5 4) SA DATE REC'O BY HEALTH DEPT. TEST HAME OF REGISTRAR JOHNS HOPKINS "MEDICAL SCHOOL Milwello Judge



PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . DSUAL RESIDENCE Where decent and there is introduced the administration to the state of the administration of the state PLACE OF DEATH # COUNTY COUNTY e STATE Baltimore MARYLAND Maryland Baltimore in YOR TOWN it bulls de comparata timbs, write RillRAL and give non antima b C TY OR "OWO is outside amount mile L LENGTH OF TA IN 16 write RuiRA, all diginal the day town. Life Dundalk, Mary Land Dundalk. d. NAME OF HO IP TAK TRINSTITY TON IF not in nepptal given it and audiess. O S BLOT A TORESH m is Roll dieth E ON A FARM? YE, NO J œ Youngstown Avenue 40 68II Youngstown Avenue 3 -NAME OF Fire v sdla 4.0 17 4 DATE Month OF DECEASED DEATH Type of and AN VERY SURVEY ANNA SLUNT 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED B DATE OF BIRTH to INC a dielas 5 of X test berindere | Munths Cays 20 1920 Nov. 5mL WID-OW-FD. SEVIDIRG FD. DN. CITATION TO THE On I A DIC IFAT ON GYERADOLWERK 26 KIND OF BILLINESS OF MIDOS BY III. BIRTHPLACE Stelling or are an en-12 CITIZEN OF WHAT COUNTRY? done due it most of warking lie even it is tred Baltimore, Md US 13. EATHER'S NAME 14 MOTHER S MAIDEN NAME 8 Fischer Bernard Gunner Cunnigunda 13 WAS DECEASSE EVER N ARMED FORCE 16 SOU AL SECURE Y NO "T INFORMANT Address Yes no or astrone. Vesia Verwal underecotativo co-William Slunt 68II Youngsyown Avenue INTERVAL B. TWEEN 18 CAUSE OF DEATH Enter on y pine course per ONSET AND DEATH PART DEATH WAS A SED 8 IMMEDIATE LA SE P DUE TO ōã developed to home diet. Gen. a. D. : 10 a statung the underlying PART IL DEMER SIGNIF CANT CONDITIONS CONTRIBUTING TO DE HE STINDT REATED TO THE TRAINAL UP FAIR ONDITION GIVEN IN PART & 9 WA ACTURAL PERFORMING! 99 3 77 CERTIFIE 206. DESCRIBE HOW IN 18Y OCCURED untal neture of nearly in Part, or Part, in Part, in S. 266 EXTERNAL CAUSE WAS 30 PRIMARY | a CONTRIBUTING | ž RY OF CIER 3 , when E.O. NORY are form 20 "y or lown. Causty ADE TWE GEINJURY ALCOHOL TON 中 arte stress affice bidg e work 4 WOLL p m per. neabove for an A orsy ? n pay ign. 21 I certify that took the gelot the letter 00 Suicide. Homicide Understand makes leath resulted from Natura car 6 C DIRECT CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTAN' MEDICAL EXAMINER 84 should be PUNERA DEPUTY MEDITAL EXAMINITY 20 V NAME VOS Augress ariest eith fown a co 224 NAME OF "EMETERY OR CREMATORY 445 DATE THEREO 2 H OUAT ON City own by country REMARION REMOVAL Specifics Ó Q 40 P 6-20-67 . Sacred Heart of Jesus Baltimore, Maryland, Burial ADDRESS. 240 REC DITY REGISTRAR ! 23 FUNLAA, DIRE TOR 1 cortes YS ATSME Walter Dabrowski 1005 Dundalk Avenue 5M 9 60

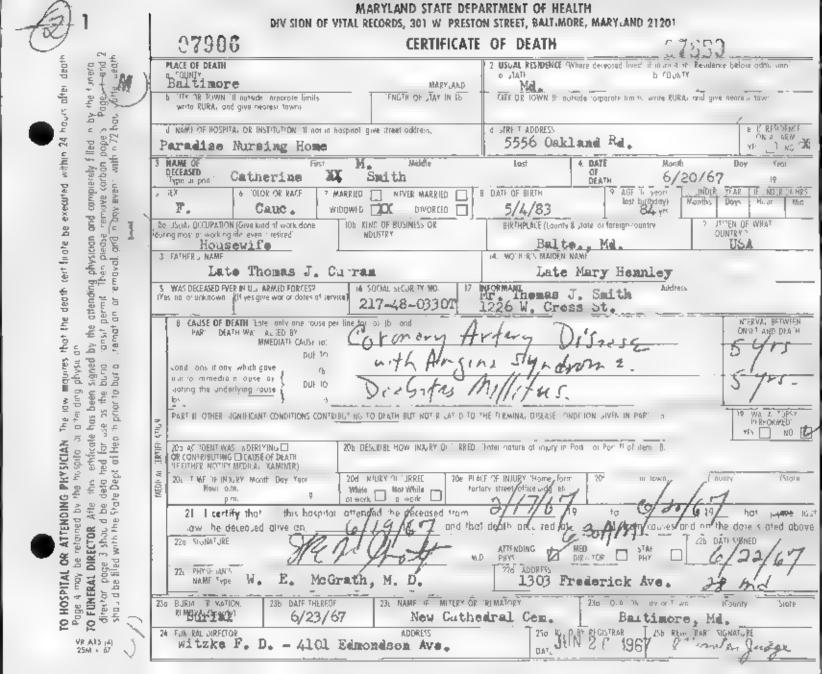


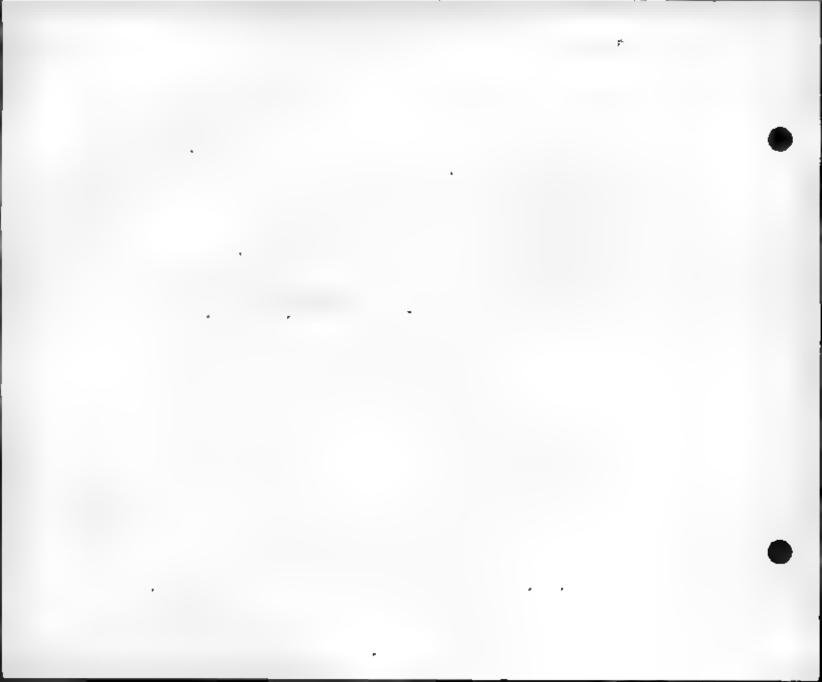
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND
£ 2°5	CERTIFICATE OF DEATH
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	d NAME OF HOSP TAL OR INSTITUTION I not in hospital, give street address) d STREET ADDRESS d C O O O F 1 200 0 n. IS RES DENCI
ithin 24 itely 6 e oon pape within 7	GREATER BALTO. MED CENTER / 6701 N. CHARLES ST YES NO X
* 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Cype or pring Baby SMITH - MALE INFANT. DEATH 6 24 1967
and com	S. SEX M 6. ODLOR OR RACE 7 MARRIED NEVER MARK ED 3 8. DATE OF BRTD 9. AGE IN years FUNDER 14 Hours Min. W W DOWED DIVORCED 6. 22. 67 9. AGE In years FUNDER) YEAR DEFUNDER 24 HOURS MIN.
	Da. USLAL DCCUPATION (Give kind of workdone) 10b. K. ND OF SUSINESS OR du mg most of working kite, even ill retired) 10b. K. ND OF SUSINESS OR NDLSTRY 11. BIRTHPLACE (County & State, ev foreign country) COUNTRY?
cate physi in pie	13. FATHER'S NAME
entrica ding ph Then removal	KENNETH EDWARD SMITH MARJERIE LOU CROATE
# 플램 등	15. WAS DECEASED EYER IN . S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, No. Nº unitowo) (If suspine war or dates of service)
Series Series	18. CAUSE OF DEATH Enter only one cause pe ine for (a). (b), and (c)] PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (c) PULMONARY HYALINE MEMBRANE DISEASE DISEASE
res that I physician signed b xuria 4 an	04E TO 24-00
equires ing phy een si he buri to bur	Conditions, it say which (b) Rave rise to immed ate (c) Raises (b) staling that (b) TO
aw requi	underlying cause last. (c) MATERNAL DIABETCS.
b. The law a or atter ficate has for use as	PART I OTHER'S ON FICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 44: 1.9 WAS AUTOPSY PERFORMED? YES NO
25 to 25 To 2	20a ACC DENT WAS UNDERLY'NG 120b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 1 of Item 18.) OR ONTRIBUTING CAUSE OF DEATH (FIG. THER, NOTIFY MEDICAL EXAMINER)
NE PHYSICIA by the tosp lifer this cer be detached State Dept or	20c TIME OF NURY Month, Day Year 20d INJURY OCCURRED 20c. PLACE OF INJURY (Nome, farm, Nome and Not Walle at work at w
	21. I certify that (1) (this hosp tail attended the deceased from 6-22-, 19.67, to 6-24-, 19.67, that (1) (we las
ATTENOI retained ECTOR A 3 should with the	saw the deceased alive on. 6 24 19.67, and that death occurred at 4 P.M. from the causes and on the date stated above 223 s GNATURE
84 8 8 8 8	CKIMMON MO. PHYS MEDITOR STAFF & 6.24 67
To HOSPITAL Page 4 may O FUNERAL (director pag should be fi	PANTERN GREATER BACTO. MED. CA
TO HOSPI Page 4 TO FUNER director should b	23a BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CREMETERY OR CREMATORY 23d. ECCAT ON (C by Lown of county) (State:
G	24. FUNERAL DIRECTOR ADDRESS 258. NEC'D BY REC'STRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH THE PERSON NAMED IN COLUMN DIVISION OF VIAL RECORDS 301 WI PRESTON STREET BALT MORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decreased lived of mishfolion, Residence before admission) PLACE OF DEATH a. COUNTY (Dundalk) Baltimore 21222 Baltimore TY OR TWO NI F A IN IS word Rukh in gine her nicht. ade 15 1 25 will be a company of the same of the company of the 0 \$ Dundalk, Maryland Dundalk Ut years whose it is a OR INS TITOR THE angen id einheit mit 81 Eastcreat Swimming & Boating Club Pier 1645 Gray Place MAME | North Boundary Road 4 DATE June: 10- 1967 CALUP SMITH e il izir DEATH · JNDHs YLAR 6 JI IR OR KA-B & OLHER H Acres to a real HIVER WARRE Barrier 8-6-58 WILL INFO An DE JEA DA GENER OF WITE COR Blk dpt & Flichtle in Group, pertry WITRY Oil in work to even fretired Maryland None None T FO HER NAM! 4 My HER MAIN SHI NAME George William Smith, Sr. Juanita Brewer " MFORMANT (Mother) NO DE THE BOARD OF 5 Cr 61 / R * 41 21222 he his country will be give world doles of lervice) Juanita B. Smith 1645 Gray Place Balto., Md. None S. E. of B. A. S. 8 CAUSE OF DEATH That talk one rouse per the inh PhiTH PAR of the SA is BY MMFDIA AUST O indicate thousands highway I nite o miniediate oute o'. DUE TO stoting the underlying couse PARK GOODS ON ANY MARK HAR SHOULD BE A REAL PROPERTY OF THE TANK A RELIGIOUS HE TIAN GRASH PERFORMED. YES 110 XX INDRAK D 81,418, 395 AUST OF DEATH and in my opinion Ac into it ack care timed willhard ata II II' CHEEF MEDILAL EXAMINER 22 DATE SIGNED IC NATURE June 12-67 B. Davis Melvin EXAM NER'S 6800 Mornington Road Balto., Md. 21222 6-14-67 . Baltimore National Com. 5501 Fredk Ave. Balto... VR A SME 35 (1967 John J. Duda 7922 Wise Avenue Balto., Md. 21222







INDISTATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH A 2 USUAL RESIDENCE (Where deceased lived. If notations Residence between addition) A COUNTY II. COUNTY Baltimore Baltimore MARYLAND b C-TY OR TOWN in purside corporate smits, C. LONGTH OF STAY IN AB a CITY OR TOWN If ourside corporate house, write RURAS and alse necessificate with RA and give nearest lower). 4 A -F C - P TAL OR MISTITUTION (if not in haspite), give street address? d. SIRc ADDRESS # S RESIDENCE ON A FARM? 701 Gun Road 701 Gun Road YE. NO NAME OF 4 DATE Day Yes Manth DECEASED OF 1967 (Type or print) DEATH 10 Sister M. Isidore Smith June and co A SELLIN YOUR FUNDER YEAR IF INDER 24 MRS 5 5 8 6 CO OR OR RACE 7 MARRIED NEVER MARRIED TO 8 DATE OF BIRTH iain bidhday Months Days January 10, 71 WIDOWED | DIVORCEO [Ha USUAL OUT IPATION SIVE bind of work 9.40 BIRTHPLACE (County & State, or foreign country) 12 ON ZEN OF WHAT COUNTRY) TOB KIND OF BUY NESS OR INDUSTRY done during most of working life, even if retiredly none Howard County, Md. U.S.A. 50 IA FATHER , NAME 4 MOTHER MAIDEN NAME Mary Braxton Amos Smith ă 15. WAS DECFASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) [liyesgive war ordales of surview Sister M. Magdalen 701 Gun Road 18 CAUSE OF DEATH ' nier only one cause per line for (a), (b), and (c).) END AND HAH PART I DEATH WAS CAUSED BY. IMMEDIATE AUSE IN DUE TO conditions it east which dave use to immediate cause **DUI 10** a stating be underlying PARTY MER SIGNIFICANT UNDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DESEASE CINDERON SIVEN YORK IS IN WAT A TIFY AFRECIRALE " YE, N. N. N. ZIN A TO NT WAS INDIRLY TO OR ON PRITE LA FOFL ATH 206. DESCRIBE HOW INJURY O CURED cores navy 6 of import in Part 11 of their 40 20d NJURY DCCURRED 20e PLACE OF IN URY Hame, larm 20f City or IOWE ZGL TIME OF INTURY Month, Day Year Not white tectory stree office bidd etc. We have at work ell write DIRECTOR 3 should be this hospital) ellended the deceased from M. from the couses and on he date made above. and that death occured of saw the decoased at ve on ARE A C NATURE. 26 DATE ATTENDING a: GNED PHYS DIRECTOR. deeth. Page TO FUNERAL director page 3 be filed with the M.D. ZZe PHY a JAN S NAME Type 234 TUR AL CREMATION, 235 DATE THEREOF 234 NAME OF CEMETERY OF CREMATORY REMIQY AL Specify 24 FUNERAL DIRECTOR A Z & By



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 23908 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deregred even of easily the Reside he before adultation · Virginia Baltimore B. COUNTY ò MARYLAND deigy TY IR TOWN It outside reportate units CENCTH : STAY N b CITY OR TOWN is misside parapholes with write RIPRA, and use neare to we while RURAL and gird nearest fown Portsmouth Pihonullo State Depo-.. NAME OF HOSEIVAL OR INSTITUTION IT not in himpital give street addless d LTREET ADDR J. e IS RET DENTE Oh A 45 W Mt. Wilson State Hospital 302 DeKalb Avenue NO. 6 ve Poges 3 NAME OF 4 DATE Middle DECEMBED ΠF Smith 0 67 Russell June. 8 Give Type or anat. DEATH I MARK 14 HEY YELD 6 CONOR OR RACE R PATE OF BIRTH P 660 a voor IF IND! R WARRIED NEVER MARRIED 1044 Definition Jand 2/4 WIDOWED BY. DIVORNED White 64 m Olt ce Male ofter deo On 15 ht : PATION Give winn of wark done OF KIND OF BUSINESS OR 13 BIRTHPANG State of toleran 1 % OF WHA? during most of working life want it retired) JNDUSTRY. OUN RY Construction Alabama. Contractor a FAIRER NAME 4 WO'DER MA SE NAME Har 1 Frances Lnoch Smith * INFORMANT WALL ADEL Y'R IN ARMID FOREST 6 JUNIA FIJETY NO Yes in countries of project in war at dates of ervite Car Funeral Home, Ches apeare City, Va. 40 UN.NO.A MERKE BUTWE'S 8 LAUSE OF DEATH 'F this winner duse any time tall in the and ON IT AND THATH PART DEATH WA. AUST EY even. Arteriosclerotic Cardiovascular Disease 91 word word 皇 Condition: Flany which give e a himedrale apletos DUE TO stating the underlying ouse 7 No he O PART IN OTHER CANDIDARY OND TORK OF ONLY IN THE THE OF THE PARTY AND THE TANDERS OF THE PARTY OF 0ADW# PER X g TYLENA A WE 15 THERE AND INDEX RRF international more 쿚 SCHAR OF INTROUTING 7 þ £ n 5 14 kY 76 8 7 9 is will blue upon March 1997 Year TOO IN TRY OF REF. NO PLACE Olvid. A le la No While ar provides include big. in ÷ ar week 2. I certify that a look the get of the reministrate used above the end on A 1 g v. X and a my gor ca death resulted from Natiral ausein ---råec denti saidde I Home Ide deile mines menne 22 DATE SIGNED 0 ASSISTANT MEDICAL XAMINER 3 FUNERA. 910 ůи DEPLITY MEDILA Werner U. Spitz **EXAMINER'S** NAME YES Artone - drog life away or quoty 23: NAME OF FMF RY IR BEMATORY Pico Priktia: Ri ea TON DON DAME THEREOF 0.3 (98) Princety. REVO VAL menty Jor'oir. Virginia Renoval AND REI D BY REG! TRAR 24 INFROL DIRECTOR VR ARSME IST Levinson & Bros. Inc., 6010 Reis

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07903 CERTIFICATE OF DEATH PLACE OF DEATH 2 dSUAL RESIDENCE (Where decreased lived if institution: Residence before admission h COUNTY For vland Baltimore MARYLAND b CITY OR TOWN Of outside rationale limits SENCTH OF TAY IN B CTY OR DWN (It autiside rasparate limits, white RURA), and give nearer inswitwrite RURAL and give nearest fown). Baltimore 12 BaltImore 4 NAME OF HOSPITAL OR INSTITUTION (Higgs in hospital, give street address) d. STREE ADDRESS RESTDENCE ON A ARM? Armacost Nursing Horte 93. E. Lake Ave 76 M X a barr Middle Day Type us phorp Cordelia England Sollers. DEATH June 8. DATE OF BIRLIS 9 AGF In year 6. COLOR OR RACE 7 MARRIFO NEVER MARRIED purply purply Months WIDOWED IX DIVORCED F 10a JS 1At DECUPATION (Give kind of work dinner 106 KIND OF BUSINESS OR 12 CIT JEN OF WHAT BIRTHPLACE (County & State or tale ign country). during most at working life even it retired. INDeiSTRY COUNTRY 2 Housewife Own Home Howard County 13. FATHER'S MANE 14. MOTHER'S MAIDEN NAME George R. England
15 WA FELASE EVER IN L. > ARMED FIRE P. ?
(Yes. ng. or unknown) | Til yes give wor or does of service) Camsadel Warfied 7 INFORMANT IA SOCIAL SECURITY NO Basil D. Sollers. 8. CAUSE OF DEATH (En'el only and cause per line for (a), (b), and an PART I DEATH WAS CAUSED BY INCREASE FORCEN ONSET AND DEATH IMMEDIATE CALISE ID DIE TO Conditions, if any which gove rise to immediate auseria. DUF TO lighing the underlying couse PART II. DITHER SIGNIFICANT CONDITIONS "ON PROBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION CIVEN IN PART 1901 9 WA A TOPEN PERLINAMENT NO A 20g SECYTEN WAS UNDERLYING 20h DESCRIBE HOW INDICE DUCURRED Enter popular at injury to Part, or Part II of two B OR COMPRIBUTING FLICAUSE OF DEATH THE OTHER MOTIES MEDICAL EXAMINER 20s PLACE OF INILIRY Plame form 20: TIME DE INILIRY Month Day Year 204 INJURY OF TRREE Clify at 10Wh County Иди п.т. Nat While tactory street affectible str or work | or work 21 I certify the (i) this hose tell attended the deceased from M from couses and an pridate stared above saw the deceased alive on and that death, accorded a 22a SIGNATURE (TA) 27 PHYSICIAN'S 22d ADDR '55 NAME Type! 600 W. Belvedere

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23d OFATION (City of Town)

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inw requires that the death certificate be executed within 24 hours after i physician Br please by ids-tr DING certificate O HOSPITAL OR ATTENDING PHYSICIAN DIRECTOR TO FUNERAL directo shauld 1 o COUNTY

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Jenkins & Sons Co.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH 97910 CERTIFICATE OF PLACE OF DEATH 2 USUAL RESIDENCE Where deceased lived if institution. Residence before admission g COUNTY LENGTH OF S AY IN TY OR IOWN IIf outside corporate limits, write RURAL and give nearest town: OWN If an wide the latest mind write Black and give nearest togeth y they more arzalistau N P IS RESIDENCE ON A FARM d AREE ADDRESS d NAME OF HOSPILAL OR INSTITUTION If not in hospital give threat address? DATE Oov Year 3 NAME OF First Middle Month ond completely DECEASED 2 DEATH Type or print d the death cert ficate be executed IF UNDER 1 YEAR S SEX 9 AGF In years 6 (QUOR OR RACI NEVER MARRIED n buthday WIDOWED 56 VIS PRIZEN OF WHAT TOP KIND OF BUSINESS OR Co. Kuát Of StPATION Save kind at work dinner LOUNTRY ? during man of working life levely if refliged) DIEGSP , FA HER , NAME 듄 offending | address 7926 Dunh. 11 IS JULIAL HEJRITY NO 7 INFORMANT WAS THEASED WER IN U.S. ARMED FORCES? unknown [(If yes give wor or dates at service) 0 DuraneCombe Otto n 面 NEERVAL BETWEEN IN CAUSE OF DEATH (Inter only one dust per line for a. ONSE AND BLACK DEATH WAS ASKED BY AMMEDIATE CAUSE (a) DUE 10 Signed YE ARS Conditions if any, which gave ſħή the to immediate done of DUF 10 stating the underlying touch 100 PERFORMED? PAR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART ILO NQ 205 DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Port, or Part II of Isam, 8 20% ACKIDENT WAS UNDER YING [] OR CONTRIBUTING AUSF OF DLATH THE FITHER INOT FY MEDICAL EXAMINERS MEDICAL (City or town (County) 20d INJURY OCCURRED 20e. PLACE OF INJURY Florms form 401e1 20c TIME OF INJURY Month Day Year fartory street, office bldg atc Иски п.т Not White gf work of work 21 I certify that I) this haspital, atlanded the deceased from O HOSPITAL OR ATTEND Poge 4 may be relained Z, and that death accurred at from causes and on the date stated above sow the deceased or valor TO FUNERAL DIRECTOR 22b. DATE SIGNED 220 SIGNATURE DIRECTOR be filed 27d ADDRESS 271 PHYSICIAN > NAME ypa' ertor. 23: NAME OF CEMELERY OR CREMATORY 73d (DC&TIQK) ity or Town County 45tote 230 BURIA, REMATION. REMOVA: (Specify) rund killere ъ 643462 250 REF D BY REGISTRAR 25b. REGISTRART, SIGNATURE 24 FUNERAL DIRECTOR 7721 2133 DATE DL 20 M

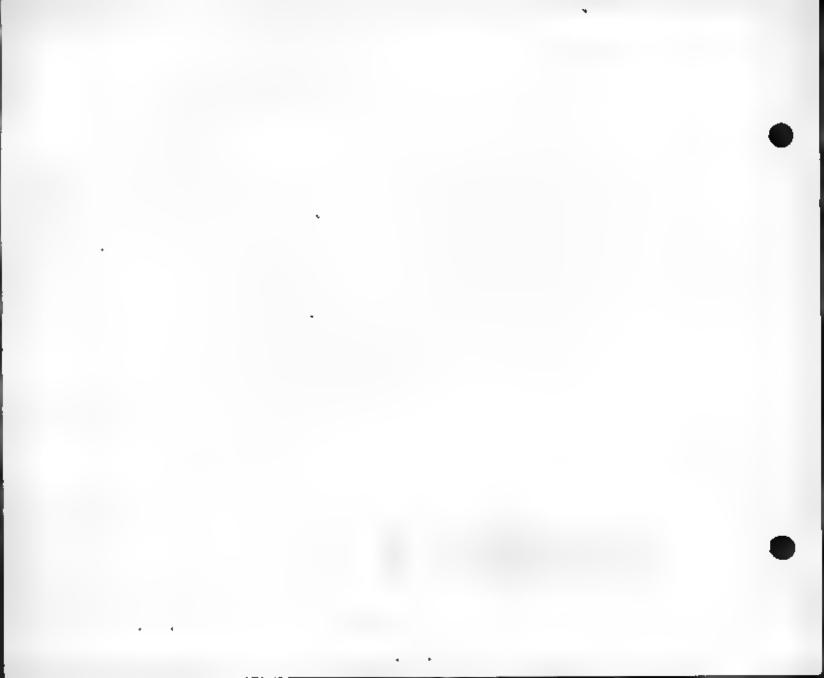


Division of STATISTICAL RESEARCH AND RECORDS, 301 WI PRESTON STREET BALTIMORE MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE Where are: d vind 1 PLACE OF DEATH Afficial Resource in the adeless an Maryland Baltimore Baltimore ENGTH OF STAY IN E h in 12 Mayle 14 grode priorate may PM I'R PDWS to raide proprint on they're RIBA and grost neons town write RURAL and give nearest rawn Lutherville A NAME ADDRESS & MY TON 9 og in hi spele god street address d 1RH ADDRH POULTS IN a ARM St. Joseph Hospital (D. O. A.) Box RFD 1 3 NAME OF 4 DATE Middle Morth DECEASED Speer III John DEATH your good P AGE 1 POR B WATE WE BIRTH M-VER WARRIED DC 6 'D OR OR KALL 7 MARRINE WIDDWED DIVDR- P THE DE WHAT PATIDIN Give kind of work date. Student Baltimore, Maryland 3 FATHER'S NAME 14 MD KER'S MAJOEN KAME Jane Bevan Turner Talbot T. Speer F INFORMANT 15 WAS DECEASED FYFR IN IS ARMED FOR LEST IN YEIGH SE AND OF Tes converting will be give word and intervice) Talbot T. Speer Lutherville, Md. 212-46-321 Hork a John N 18. CAUSE OF DEATH Tenter only one course for line to (o), (b), and to ONSIT AND DEATH PART DEATH WAS AUSED BY WIND TRIE ALSO anditions, it any, which gave ise to immediate course of ō stating the underwing dure PAR II . HER SIGNIFF ANT THE TYPES DECISED ING TO JEATH SUT NOT RELATED TO THE TERMINAL WAS INDIT IN CIVEN IN PART I 9 WAS AUTOPSY PERFORMED? 200 TERMANDERUSE NO 205 DEKRIBEROW WILLIAM DE JRRAG, Opter nature at ajury PR MARY ON RIBLING Zia Kimir Ca Jik lun Manth Doyf Yeni designoted 2 I certify the 1 took charge or the remains delimbed obrive held-on Action and and in my opinion death resulted from Homicide Undetermined monner THIEF MEDICAL EXAMINATE DATE/SIGNED ASSISTANT MEDICAL XAMENER DEPUTY MINICAL YAMINGR **EXAMINER'S** Addies "Stree life town or junty." Charles F.O'Donnell, M.D. 5 m 70 F 23o P ATKIN " IN THE TWIT 23h L SI NAMED TEMPTERY OR RUMAIDRY Md. Baltimore, 6-1 5-67 Greenmount 250 RE D BY REGISTRAR 256 REGISTRAR JIGHATURE VR A SME IST Road Balto. Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT MORE, MARY, AND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USuAL RESIDENCE Where deceased tived if involution. Residence before admin and o 'OUNTY B COUNTY BALTIMORE MARYLAND B GTY DR TOWN IF it is de opporate imits DE AY IN Ib TY OR INWN in destricts religions to the market of the property of the propert write RuRAL and give heale. Town BALTIMORE 10 DAYS FORT HOWARD d NAME OF IGSPILAT OR INS 101 ON Ill trail in haspital give street uddress H . TREET ADDRESS. VETERANS ADMINISTRATION HOSPITAL 3301 FERNDALE AVENUE NAME OF A DATE DECEASED OF 67 CHARLES PRRVOAT SPILMAN JUNE ype at phot DEATH 66 ast birthday 9 AGI In year 6 TOLOR OR RACE B SA OF BIRTH MARRIED NEVER MARKIED TO Month: Dave MIDOMED DJYÐK (Ö. Sulfu N JPATION (Give kind or work done) BE KIND OF BUSINES OR BOR MPLACE It monthly & state as takego town for ZEN OF WHA during mus working life even it refund! U.S. BALTIMORE, MARYLAND physical plant 13 FATHER'S NAME IA MOTHER'S MAIDEN KAME Ovol Robert L. Spilman JULIE PREVOST Warren A. Spilman - 6100 Windson Mill Rd. . WA DE A YER IN ARMY DRUE 6 YOURS IN TRIVING Yes no blic introver. I'll yes give with at dates of service. \vdash CLINICAL RECORD, VAH. FT. HOMARD, MD. IN RVA. BETW EN 8 CAUSE OF DEATH "Enter in light onseigns time or a in load PAK" DEA H WA AL JED BY ON WEEK PULMONARY INFARCTION MMEDIA! AUS! of include it only which gave CONGESTIVE HEART FAILURE HROKS Pia emmedio a ou a o ALK LEX acting the underlying course ARTERIOSCLEROSIS, SEVERE, GENERALIZED YEARS d MV his PAR JUNTHER SIGNIFICANT DEDITIONS ON RIPUTED COLOR BUT NOT RELATED OF THE TERMINAL DISEASE THOU ON GIVEN IN PART NEPHROSCLEROSIS, CHRONIC VIS - 20 Oh DE RIGENOW INJURY OF TRRID. Feder nature of injury in Pert. or Port 12 gridgen (8) IN FITHER NOTIFY MEDY ALEXAMINER 70: TiMy OF INJURY Month Day Year 70: KRARY CU BRRED 20e PA OF :RY Home tone Y OF THE Windstall Hour J.R. attany tireet affice aldgillen. Where Not White ATTENDING at work -6/20/6 2. I certify the st. (this hospital intended the decealed from and hat death as led a 12:554Mrom or le and an the date to ed above saw the deleased alive on 6/30/67 DIRECTOR 26 JG NATURE 22b. DATE SIGNED M.O. PicY D RF VAR PORT HOWARD, MARYLAND 22: PHYSICIAN'S HOSPITAL FUNERAL JORGE A. FABARA, M. D. KAMa ypti 50 236 DAT HIRE OF AN NAME OF THE TRY OR REMATTERY 23a BUR A REMATION 3d - GLA 10% - H- or T whi 78. HO.J a similar 960 BALTIMORE, MARYLAND CATHEDRAL CEMETERY -19670 TO Charles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH n 24 hours ofter death 2 JSUBAL RESIDENCE Where demosed wed 1 wistilution Residente before admission PLACE OF DEATH tune a. TUNTY h JOUNTY Baltimore MARYLAND Maryland b COVICE With 14 outside aignrate bands ENCIP HE STAY IN IN TY NE TOWN II outside corperate limit, write RURA, and give heaves town write RURAL and give magrest jowns 13 days Baltimore 21 234 d NAMI OF HOSPital OR INSTITUTION 18 not in haspitol, give lineet address B RESPENCE 4 JESET ADDRESS ON A ARM Filled 7113 Harford Rd. NC St. Joseph's Hospital NAME OF Middle 4 DATE First Month Pop Year udmpretely. DECEMBED Samuel Type at photh Springmann DEATH June 1967 res that the death certificate be executed S JEX B DAL OF BERTH IF UNDER YFAR 9 AGF YEL IF SWOOD DAINES 6 COLOR OR RAI T MARRIED NEVER MARRIED rost piritidas. Manth 84 ** ** MIDOWIED DIVOR TO male 8 white and 10a Kilát / TIPATION (Greekint discursions 05 KIND OF BUSINGS: OR BIR HPLAL (county 2 Jale a Mareigi Country) PIZEN OF WHAT during mas or walking life even the citrician ď. physician on please Sun Papers washington, D.C. 13 FATHER'S NAME remayal, Samuel Springmann Virginia Keyes WAL DITEASED EVER IN U. ARMED FORCES? INFORMANT 6 JORAL SHOURTY NO Yes no o unknown. It' yes give wat at dates at servicely ь Mrs. Melvina M. Springmann 213-03-2388A. same 8 CAUSE OF DEATH Fore any one couse per line for jo! b and . IN RVAL BERWEEK PARY DEATH WAS CAUSED BY ONSET AND THE H Cerebro-Vascular Thrombosis DUÉ TÓ Signed Conditions thony whith gove ľb illie to immediate rouse a DUE 10 John the inderlying au e O WA AUTORS PART OTHER JONIERANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY THE FRANKAL PISCASE TUNE FOR OWN IN PART OF P03 GRYFN-ATION PERFORMAD. thed for us YB [NO. ATTENDING PHYSICIAN 206, DESCRIBE HOW INJURY OUT JRRED Penter nature of injury in Part in Part II of few P. 200 AL DENT WAS UNDER YORK OR CONFRIBUTING CAUSE OF DEATH IF EITHER MOTHY MEDICAL FXAMINER 20d INTURY OF JERIC 20e PLA. OF INJURY Home form 20x TIM IF INJURY Mainti way Year With the lawle Gunty 'Stote Not White fociony freet orlice bidg et неы от 967 to June 23 967 I certify that Phis hospital attended the deleased from June 10 that I) we la! be retoined June 23 19 67 and that death of red at M. From a ses and an the date stated above sow the deceased alive TO FUNERAL DIRECTOR 276 DATE SIGNED AL ENDING June 23, 1967 224 ADDRESS PHYSICIAK'S O HOSPITAL MAME (Type) 7620 York Rd., Towson, 21204, Md. Teodulo Paglinauan director should b 236 WAME OF MILERY OR REMAIORY 236 DATE WERFOR 70d CKAIION 'Life or fown) Vito B RIAL REMAITON Tounhy Buriol Buriol Parkwood Com. 6/26/67 Balte. Md. 24 FUNERAL DIRECTOR 256 REC'D BY REGISTRAR 256 REGISTRAR JUIGNATURE Leonard J. Ruck Inc. Balte, Md.



DIV SION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1_MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH MSUAL RESIDENCE (Where deceased sixed, if institution. Residence before admission) MARYLAND b GITY DR TOWN (if outside corporate mits, write RJRA), and give nearest town c. CITY OR TOWN (If outside corporate fimits, write BURAL and give nearest town). & LENGTH OF STAY 'N AD 1000 B 60 476 d Sc4 18 9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Filled d. STREET ADDRESS Letely within ve carbon Middle DATE DECEASED LNE (Type or print) DEATH SEX 6. COLOR DR RACE DATE OF BIRTH AGE IN YEAR IF UNDER . YEAR HE UNDER 24 HRS. 9. 7 MARR ED [NEVER MARK ED Z last birthday) Months and TORENLO W DOWED LOS USUAL DOCUPATION (Give kind of workdone 'LOB, NIND OF BUSINESS OR during most of working life, even if retired) INDLISTRY 6 (County & State, or Section pountry) please and NORE ome .3. FATHER'S NAME removal. MOTHER'S MAIDEN NAME Harbara M. Engelreil Samuel D. Stanley 15 WAS DECEASED EVER 'NU S ARMED FORCES? 16. SDC.AL SECURITY NO. FREDR MANT Aridress the attendit ĕ Yes, no. or bushown) If yes hive war or dates of service Crord 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). ä DEATH WAS CAUSED BY IMMEDIATE CAUSE Signed been signed the bursal tr or to burlal, DUE TO Conditions. If pay which gave rise to immediate **DUE TD** cause (8), station the Prior underlying cause last 袋 PART I OTHERS ON FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MALD SEASE CONDITIONS VEN IN PART 1 at certificate 늘 208 ACCIDENT WAS UNDERLYING TO DR CONTR BUTING TO CAUSE OF DEATH OF EITHER NOT BY MEDICAL EXAM NER) 20b. DESCRIBE HOW INJURY OCCURRED, fenier nature of injury in Port I or Port I of from 18. 20c 7 ME OF INJURY Month, Day, Year [20d. NJURY OCCURRED | 20e. PLACE OF 'NJURY (Home, Farm, | 20f. (City or town) factory, street officebide, etc. Hour a.m. --- Not While After While p.m. al work at work 2. I certify that (I) (this hospital) attended the deceased from, / - - 19 - to 19 - 19 that (i) (we) last DIRECTOR-age 3 should led with the and that death occurred at 234/M, from the causes and on the date stated above. saw the deceased alive on 22a. S GNATURE 8 MED STAFF aged filed PHYS DRECTOR D 440SPYTAL FUNERAL 1 PHYSICIAN'S MAIRE (Type) ADDRESS director p should 23s. BUR AL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 baltimore herri al farkwood Cemetery FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAN'S S'GP VR A S TA

20.M

MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

1961

Hours

INTERVAL RETWEEN ONSET AND DEATH

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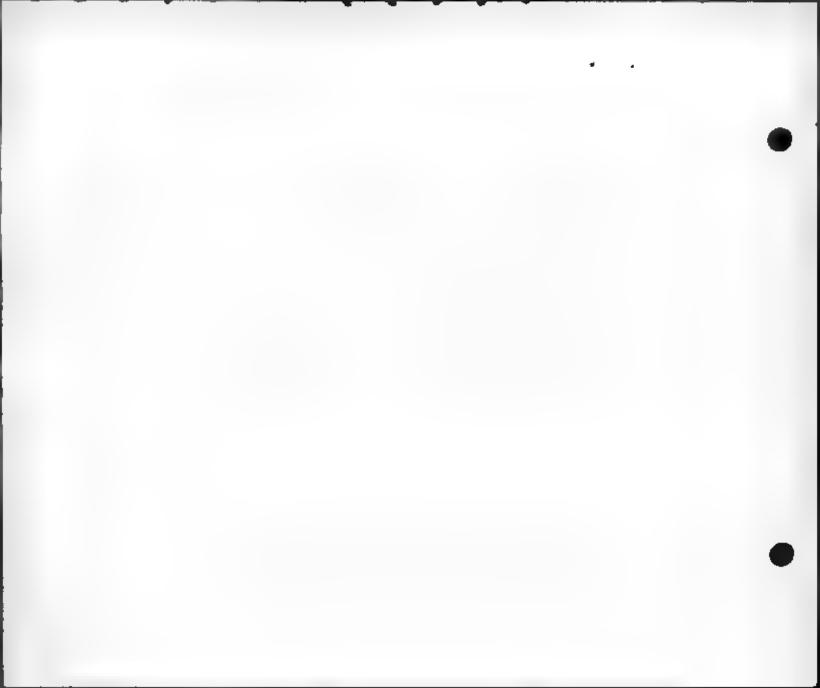
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22b. DATE SIGNED

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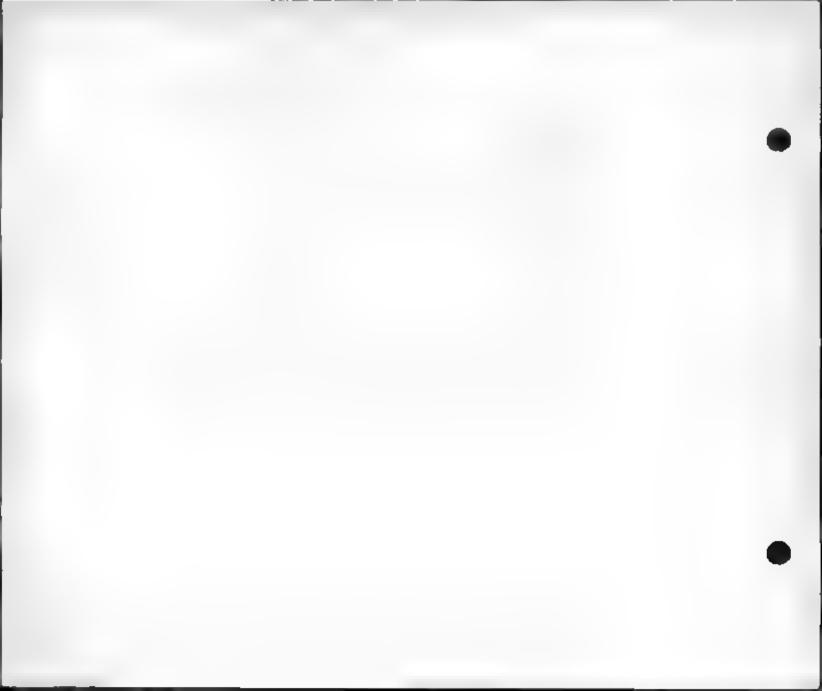


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Page 4 may be retained by the houptal or attending physician. TO FUNERAL DIRECTOR After this centricate has been signed by the attending physican and sompletely filled in bi-director page 3 should be detained by use as the bural-strains a permit. They alease tempter 3000 papers. 25M 1 67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH tuneral 1 and 2 er death within 24 hours after death 7 JSUAL RESIDENCE (Where deceased med. + institution Residence before admission PLACE OF DEATH a. COUNTY MARYLAND bigity or town if notate argurate limits LENG 'H OF STAY IN 16 CITY OR TOWN of garage corporate limits, write RDRA, and give nearest town write Ruikar and give monrest town d NAME OF HOSPITAL OR INS IT THON IF not in hospital give street address d STREET ADDRESS IS RECIDENCE ON A FARM pdbe 4509 MARYKNOLL 4509 MAZY WOLL NC 3. NAME OF Middle 4 DATE DECEASED STERLING Type or print? DEATH & COLOR OR RACE IF UNDER 24 HR or pagers 7 MARRIED NEVER MARRIED B DATE O BIRTH tost birthday Desc Bo In IAI Off JPATION (Give kind of work done DE KIND OF BUSINESS OR BIRTHPLACE (Lounly & Jidle of foreign country TON OF WHAT semilizate be during mass or working life, even is retired) NDUS IRY OHN FRY ? CHICAGO, ILLINOIS

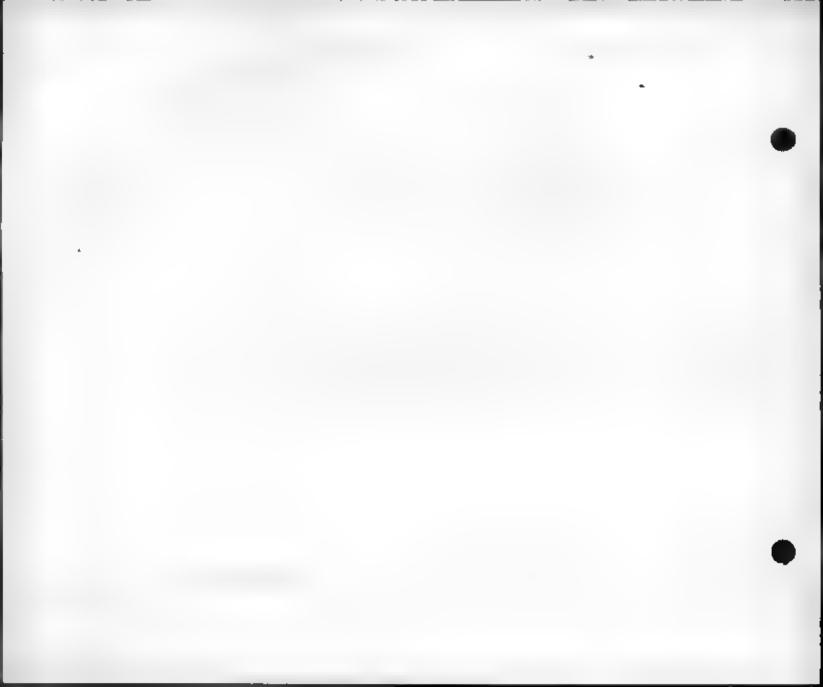
4 MOTHER'S MAIOEN WARE 3. FATHER S NAME ROSERT J. STERLIN RAF GORDON WAT DECEASED EVER IN JULIARMED FORCEUS 17 INFORMANT 16 SOCIAL SECTION NO. (Yes no countinown (III yes give war or dates of service) 334-14-8778 NEURVAL HETWESK 8 CAUSE OF DEATH Trace unity and course per time for col. to lond CHIFT AND DEATH DIA H WAT CAUSED BY IMMEDIATE CAUSI TO DUE 10 Conditions if any, which gave risa to immediate cause , a) DUE TO stating the underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN WALANT SPLY PERSORM DO NO / TRUTH CAT ZIV ACCIDENT WAS INTERLATING 3 205 DESCRIBE HOW INJURY CHOOKING [Enter noture of injury in Part or Part of Item IB. DR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY METHCAL EXAMINAR 20s TIM, it INJURY Month, Day Year 20a INJURY OFFURRED You PUML OF IN, JRY Home form. (I 19 OF FOWE (tob y -lüle Haur am Not While lociary lireer office uldg. etc. 幸 O HOSPITAL OR ATTENDING ar work . at wark certify that this haspita) attended the decealed from 3 A M from couse and or the date stated above saw the deceased plive on and that death accur ed at DIRECTOR 120 SIGNATURE TO FUNERAL D director page should be tilt 22L PHYSICIANS 22d AUDRESS NAME TYPE 4300 /30 BURIA: REMATION. 736 DATE THERE OF 23: NAME OF TEME ERY OR REMATORY 23d OLATION ICity of Town vertusor 'kell Heorew AD ORESS 24 FUNFRA, DIRFCTOR 70 R. O BY REOS RAR YRAS 4) INC. +010 REIST., RD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07917 CERTIFICATE OF DEATH wather 24 haurs offer deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where dereated asked of institution Residence belong admission DUNE 1 tamore MARYLAND Maryland ENGTH OF STAY IN 16 Y JR FIWN II in de imporate limits write R RAI and give neare town TY OR TOWN (If ourside corporate limit-Baltimore Baltimore Life N IS RESIDENCE ON A FARM d NAME OF HOSPITA OR INS (1971ON 4) not to hospital give street address, d STREET ADDRESS. 9206 Orbitan Rd. -t. Joseph Hospital NO IE MAME OF Middle DATE Year DECEASED Edwin D. Stevenson 0 67 Jibs or bing DEATH IF JNDER 2: HRS S SEX в фаті фя вів'я 9 45f in years 4 OLOR HE RACE MARRIED 2 NEVER MARRIED ewomen. Male Class binhagy! Dogs Houne 12/10 1905 White WIDOWED. DEVOR TED Do ISPA III IPA ON Give kind of work done BIRTHPLACE is pointly & State or foreign country! 15 E 1 7EN OF WHAT BE KIND OF BUSINESS OR during has of working the even if retired T.S.A. please NDUSTRY рһуѕісиол and Maryland the death te his ote Salesman 13. FARRES MUNE Fürniture 14. MOTHER'S MAIDEN SLAME 6mgvol, Edwin D. STevensen Emma the offending part the IS WAS DEL AGEN EVER IN STARMAD TRU 6 SOCIAL SECURITY NO. 7 INFORMANT Yes, no at inknown [iff yes give wor or dates of service] ă 216-09-4063 Mrs. Sybil Stevenson Same no , cremotion. INTERVAL BLOWEEN IB CAUSE OF DEATH Trains only one coude per line for o. b and DEATH WAS FASIALD BY DNSFT AND CHATH Acute myocardial infarction MMIDIATE CAUSE 10, signed by burnol-fran burno, cren b coronary arteriosclerosis and atherosclerosis. Conditions a pay, which gave nse to immediate couse (a), DUE TO stating the underlying coose Q**ending WAL ALTOPAY PERFORMICOS PAR II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ONDITION CIVEN IN PART 10. CERTIFICATION VF S TE NO 20c ACC DENT WAS UNDERLYING FO 705 DESCRIBE HOW MILIRY OCCURRED (Enter noture of injury in Port or Part II or Hern 18., OR ONTRIBUTING TAUSH OF DEATH pt of IF FITHER IN OTIES MODIL AT XAMINER 20a, PLA-II DF NJURY /Home form. (Stone 20r TIME OF INJURY Month Day Your 2014 MILIENT OCCURRED. (City or fown Country ō Hour a m White of work Not White ractory tree: office bldg, etc. n: wark from 5/31 1862 to 6/1/ 967 that **10** we lost and that death occurred at 6:35 PM, from couses and on the date stated above I certify that (1) (this haspita, oftended the deceased from 967 that 10 we lost Page 4 may be relained director page 3 should should be led with the sow the deceased blive on 220 JIGNATURE 22b. DATE SIGNED ATTENDING STAF ☑ June 2, 1967 M.O. 22d ADDRESS NAME Type Lawrence F. Misanik, M.D. 7620 York Rd., Towson, Md. 21204 23b DATE THIREOF 23L MAME OF CEMETERY DR REMAJORY 23d TOLA ION Killy or Town 236. BURIAL IREMATION. (County) (Brote) Loudon Park Cem. 6/5/67 Balto. ADDRI SS 250. REC'D BY REGISTRAR 256 REGISTRAB'S SIGNATURE 24 FUNERAL DIRECTOR years and VR A15 (4) JUN Leonard J. Ruck Inc. Balto., Md. 20 M 1 66

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21207 CERTIFICATE OF DEATH PLACE OF DEATH death 2 USLA: RESIDENCE (Where deceased lived if munitional Religence before admissiona LOUNTY a STATE B FOUNDY Balti more MARYLAND b CITY OR CYMN Th outside response similar, write RURAL and give nearest lower LENGTH OF STAY IN 16 filt OR IOWN (In outside corporate limits, write RURA, and give nearest inwin) 3yrómth15dya Catonsville Baltimore d NAMI OF HUSPIDA, OR INSTITUTION If not in hospitol, give street address; d STREET ADDRESS PER RESIDENCE W A FARM? 1011 West Mulberry Street SPRENO GROVE STATE HOSFITAL YES 1 1 10 1 3 NAME OF Maddle 4 DATE Yeu: DECEASED June 67 Eulalia н. Steward DEATH Pay K SEX 9 AGE in year YEAR MARRIED K B DATE OF BIRTH & COLOR OR RACE HEVER MARRIED por birthdoy Mairth March 19, fonale Negro WIDOWED TYTEN OF WHAT It a 15 (b) OF DIPATION Give kind of walls done OB KIND OF BUSINESS OR during may a working the execut retired housewife physician (en piease INDUSTRY death certificate 3 FATHER'S NOVAL IN MOTHER'S MAINEN NOME DADWa. WALDER ASID EVER IN A SARMED FORCEST 6 GOOD IS DRITT NO. Addiess (Yes, no, grunkmown), lift yes give wat or dates at service. -Records: SPRING G ROVE STATE IN THRY A. BETWEEN 8 CAUSE OF DEATH "Inher only one rouse per line for to, by and DNS+ ANT ILATH PART DEATH WA, CAUSED BY Right lober pneumonia IMMEDIAT CALIST OF DHE TO conditions 10 my which gove nie folimmediore, ou glio-DUL TO stating he inderlying touse 9 WA A TOPEY
PERFORMEDT PAR' II OTHER SIGNIFICAN ONDITIONS ON RIBELT NO. THE TIME TO THE TIME DISEASE TO CHEET IN CIVEN IN PART TO NO 🕾 O ROSPITAL OR ATTEND NG PHYSICIAN (FR1E) 206 DESCRIBE HOW INJURY OF JRR D "Enter nature of injury in Part 1 at Part of item 18 20p. ACCID ENT WAS INDERLYING FIT OR ONTRIBL NO ALSH DE OF ATH LEF ENTHER MODIFY MEDICAL FRAMINER ₹ 201 TAKES INJURY Month Day AND NOURY OF JERREE 20e PtA: OF IN IRY Home form (firty or rown) county Hour IIm White Not White takking kirees office bidg, eliar work by ar wark ,9 63 10 yelle 10 attended the deceased from NOV+ 21 21 I certify that #1 (this hospital and that death accurred at Z 'OAM tram lauses and on the date. I ared above TO FUNERAL DIRECTOR 270 JUNATURE 6-12-67 MO 72u 400RESS SPRING 22: PHYSIC 6N'S Stella Wachsler. M.D. Baltimore, Maryland 21228 31 NAMI EX FEM. THEY AR SEE MOTHRY



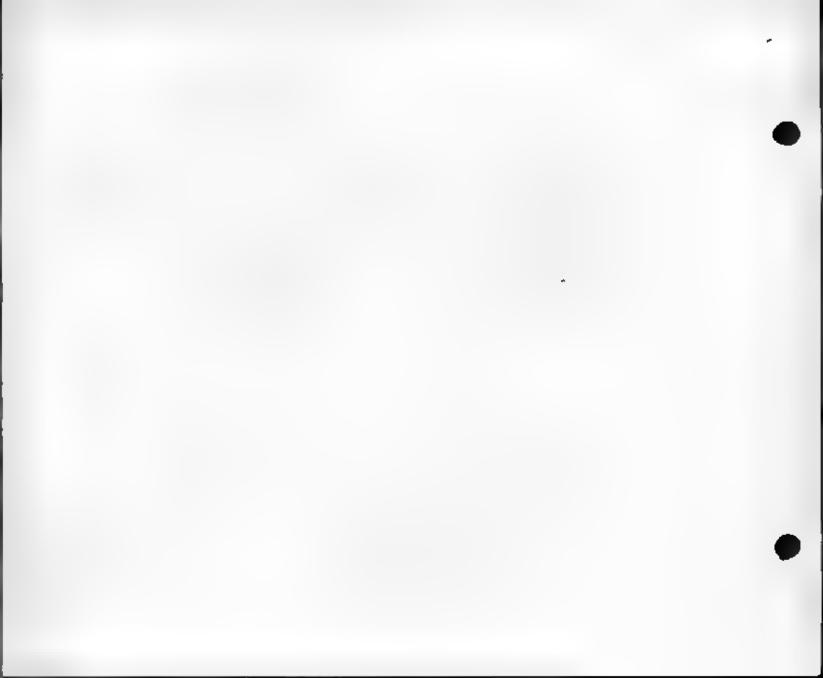
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07913 CERTIFICATE OF DEATH 2 dSUAL RESIDENCE Where deregged kied if invitation PLACE OF DEATH THRUSS IN b. COUNTY BALTIMORE MARYLAND bi firty OR FOWN It pursible corporate limits ENGLIH OF STAY IN 16 D' CR TOWN It outside argorote firmts write RURA, and give highest town FORT HOWARD 1 DAY BALTIMORE d NAME OF HOSPITAL OR INSTITUTION Of not in helpitol, give street address d JIRL ADDRESS e IS REGIDENCE ON A FARM 405 S. ANN STREET VETERARS ADMINISTRATION HOSPITAL NC. 3 NAME OF 4 DATE Feat DECEASED 13" /S) JOSEPH. (Type or print STJES JUNE 19 67 DEATH s sex T MARRIED X 9 AGE to year 6 TOLOR OR RAL 8. OA OF BIRTH YEAR METER 24 HRS HEVER MARRIED last birthday DEWOODIN MALE WHITE Bollow ALCH JPATION (Give kinn of work done BE KIND OF BUSINESS OR ""FN OF WHAT BIRTHPLATE county & state of foreign ountry during mas of working life even if refeed) **ANDUSTRY** COUNTRY > MOULDER INDUSTRIAI POLAND U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM m 0 y 0 ANDREW STJES MARY WUJEK 17 INFORMANT \$6 SOCIAL SECURITY NO Pers. no. at unknown). (M yes give war as dates of service) b CLIN. RECORDS, VA HOSPITAL, FT HOWARD 8 CAUSE OF DEATH Trafer any one touse per line for a bond PART DEATH WAS CAUSED BY SEPTICEMIA, CAUSE UNKNOWN MMFDIATE CALLS: 01 Conditions, if any, which gave le o nimediate course a lating the underlying couse 19 WA, W PERF SKNED PART TO THER JIGNIFICAN COMDITIONS ON RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIVENTY ONE TION LIVEN IN PART to CEREBRAL THROMBOSIS DUE TO CEREBRAL ARTERIOSCIEROSIS NO 206 DESCRISE HOW INJURY OCCURRED 'Enter nature of injury in Part or Part of Idem 18. 200 AL DEN WAS UNDER YING OR ONTRIBLITING CAUSE OF DEATH CIF EITHER HOTHY MEDICAL EXAMINERS 204 TIM, OF INJURY Month Day Year AND INJURY OCCURRED. 20e PAGE 4 INJURY Home form Tity or lawn Mate Hour aum. factory, street, office bidg, etc. or work 2 | certify that this hospita attended the deceased from and that death are tred at 3:30AM from causes and an the date to ediabave sow the deceased alive on 22o SIGNATURE 226 DATE JGM[0 3 M.D. pode 22d ADDRESS 23r PHYSICIAITS FUNERAL NAME Type JORGE A. FABARA, M. D. VAH FORT HOWARD, MARYLAND No work to will a not town 23o BURIAL RUMA DM 236 DATE DIEREGE ZIA NAME OF EMPTERY OF EREMATORY 2 DUNDALK, MARYLAND 256. REGISTRAR & SIC NATURE 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A 5 4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 07920 CERTIFICATE OF DEATH PLACE OF DEATH pun OUBUT. 2 USUAL RESIDENCE Primere deceased lived if institution. Residence before admission. O COUNTY B TOURTY MARYLAND 24 hours often It auto de l'organale limits ENGTH OF JAY IN B C CITY OR TOWN May toda corporate limits, write RURA, and give neares, tawn ote RI RAI jand giye neares) tuwn Žä TREET ADDRESS completely filled in haspital, give street address. paper ON A FARM NAME OF carbor 4 DATE Tay Your DECEASED OF DEATH ILENE 30 Agis or bear payments pe executed YEAR \$1.8 AGF is year IF UNDER 24 MRS & DATE OF BIRTH MARRIED ave iost pirthdoys Months Day-DIVORCED WIDGWED 믕 9r (659a) Or JPANON Give kind of work done DE KIND OF BUSINESS OR TEN OF WHA ADUSTRY OUNTRY ? Diebse curving most at working life, even it ratined) physician ATHER NAME Ę, attending WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16. SOKIAL SECURITY NO. that the death (Yes, no of unknown) (I'M ves give was or dates of service IE CAUSE OF DEATH (Enter only one couse per line ing (d), jb), and (d), MILENA BE WEEK #e bransit DEATH WAS JAUSED BY CHISET WHID DEATH MMEDIATE CAUSE to DUE TO Conditions if any which gove ľb rise to immediate cause (a) DUE TO stating the underlying rause has been lost (d) WAS AUTOPSY PERFORMED? PART II OTHER SIGNER ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (b) 80 206 ACCIDENT WAS UNDER YING CT 205. DESCRIBE HOW INJURY OUTSIRED (Enter nature of priory in Port I or Port of item 8.3 OR UNTRIBUTING I AUSE OF DEATH peq IF FITHER MOTHEY MEDICAL EXAMINERS 20d INJURY OF URRED 20e PLACE OF INJURY Home form 20: TIME OF INJURY Month Doy Year Kity or lown) Countyi (State) Hour a.m. toctory street, office bidg, etc. Not While allow to of work 2. I certify that (1) (this hospital attended the deceased from .967 that (Mere 30 pe etomed and that death accurred at M from causes and an the date stated above saw the dereased at ve an TO FUNERAL DIRECTOR 270 SIGNATURE 226 DATESIGNED TAFF MLD PHYS DIRECTOR 778 ADDRESS PHYSIC AN'S NAME Type) 100 51 10 La 0 /3 director should b 236 DATE THEREOF NAME OF TEMETERY OR TREMATORY 73d. OLATION with or mon 236 BURIAL CREMATION (State) Դոսուիչի REMOVAL Specify) MAD, FYIT A-150 (ARLINCE) 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE ADDRESS 750. REV TO BY REGISTRAR VR A 5 (4) 20 JA LEVILACIO E STOS. JAC., 6010 RETST.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 2)20)

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE OWhere decreased level of inclination. Responding before admissioning 4 COUNTY b. COUNTY O STATE MARYLAND ENGTHLOF STAY IN TH TIWN 'H purside comprists limits write RURAL and que nearest rown, IFY OR "CWN" matside organizate limits write RURA: cad ove neore fown RITS, DENGE ON 4 ARMA d. NAME OF HOUPITAL OR INSTRUCTION "I not in hospital give street address)." d SIRFIT ADDRE NAME OF DECEASED DEATH S SEX JUGR OR RAI NEVER MARRIED cirthday DIVOR- (O BIRTEPLACE is gonly & sole at toreign country T ZEN DE WHA! TOO KIND OF BUSINESS OR "All IN Give kind at work done COUNTRY 9 during most of warking title leven if refired? NDUSTRY were the 3 FATHER'S NAME 14. MOTBER'S MAIDEN NAME WAL DE ASED EVER IN U.S. GRMED FOR FE 7 INFORMANS 16 SDC(AL SHOUR TO NO. Was, no or inknown, [[if yes give wor or doles; of sarvica] UNKNOWN 3204 FALLSTALE ROAD 8. CAUSE OF DEATH mini only one couse per ine for q. b. INTERVAL PROVERN ONSET AND DEA H PAR I. DEATH WAS CAUSED BY Conditions, if way which gove it nse la immediale couse, a), stating the underlying couse 9 WAS OUT THEORY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIKAL DISEASE CONDITION GIVEN IN PART of PERFORMED NŪ 205 DESCRIBE HOW INJURY OCCURRED (Enter paters of injury in Part or Port II at Item 8. 200 ALLIDENT WAS INDERLIVED (T OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY Home form. 204 INJURY DCCURRED (City or Town) (County) (Stota TIME OF INJURY Month Day Year Вош алт factory streat, office bidg, etc. Not White a work at wark 19 6 that ill twe last attended the deceased from 21 4 certify that ((this hospital M, from couses and on the date stated above and that death accurred allow the deceased alive on 77b. DATE JIGNED 226 SIGNATURE DIRECTOR 22c Physician's ZZd. ADDRESS NAME Type: <u>BALTIJORE COUNTZ CEJEPAL HOSPITA</u> 231 NAME OF CEME LRY OR CR MATORY 236 DATE THEREOF 23d JOEATION (Life or fown) 236 BURIAL CREMATION. (Lounty) (Stote SEMOVAL Specify LURALITZ MUSACH ARI RTIFDAIL MARYLAND 250 REI D BY REGISTRAR PLGISTRAR'S SIE NAFUR 24 FUNERAL DIRECTOR wares OL LEVI ISOJ 8 BPOS. INC., 6010 REIST., PD.

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. JSUAL RESIDENCE (Where deceased fined if institution. Residence before admission a COUNTY P CO-TINUE. Maryland Baltimore MARYLAND 0.985 b LITY OR TOWN If outside responds limits ENGIH OF STAY N 16 CITY OR TOWN 4H outside organists limits write RURAL and give neates lown write RURAL and give nearest Igivin Baltimore d NAME OF HOSPITAL OR INS TUILDN IF not in hospital give treat address d ATREET ADDRESS e IS RESIDENCE ON A ARM? 1103 N. Alsmurth St. St. Joseph Hostital NO IX 3 NAME OF Meddle orban 051 Die May DECEASED willie М., Taylor June Type or print DEATH YEAR TIP MOER 24 HRS 5 58% B DATH OF BIRTH IF UNDER 6 COLOR OR RACE NEVER MARRIED TO 7 AGE It years 7 MARRIED test birthdays ê 4up Male Negro Clawconw. DIVORTED ? "E" 'EN OF WHAT Co. BSuiALOX 1 JPATION (Give kinn of work done. DE. KIND OF BUSINESS OR BIRTHPLACE (County & Jiste of foreign country) cent ficate be COUNTRYS during mas of working life even it retired). INDUSTRY. North Carolina Yellow Cab Co. faxicab C.. 6 13 FACHER'S NAME 14. MOTHER'S MAIDEN NAME remaya 5 WA PECIASCOFVER IN ARMID FORCES? 7 INFORMAN (Yes no or unknown). All yes give war or date: of serince 6 that the B CAUSE OF DEATH (Enter only one couse per line for jo) (b. one of by the Industry of Cremot PONSEL AND DEATH PART DEATH WAS LAD ITE BY Massive intracerebral hemorrhage IMMEDIATE CAUSE TO **DUE TO** paul contilient if only which gove nso o immedia e ausa jos, DUE TO stating the underlying guse Phe PART II OTHER LIGHTFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 50 PER-OKM-02 Acute leukemia YES TO NO ATTENDING PHYSICIAN: 706 DESCRIBE NOW INSTRY OLCORREC (Enter nature of unions in Port, at Port III of Item, B 200 ADDIDENT WAS REPROVING IT OR CONTRIBUTING TO CAUSE OF BLATH th s certify defached THE PITHER INCIDEN MEDITAL EXAMINER 盂 JOE PLACE OF INJURY More form Tidy or rewrit (faunty) 204 INJURY OCCURRED 20. TIME OF NURY Month Day, Year detal 98 Hour o.m. White Sof White gl work fortury street office bldg. all 21 I certify that this haspital at ended the deceased from June 28 June 30, 96.7 the (t) we) lost fa. be reforned June 30 9 67 and hat death accorded at 6:55 M from auses and an the date stated above saw the deceased alive on. D-RECTOR 72n SIGNATURE 22b DATE JIGNED DIRE TOR M.D be filed 72d ADDRESS 22c PHYSICIAN'S O HOSPITAL TO FUNERAL MAMM Two Reynaldo Orjuela-Gomez, M. D. 7620 York Rd., Tow on, Md. 21204 rector hould b 23c NAME OF CHMFTERY OR CRUMATORY 23g -LOV ARION (City or own) 230 BIRIA IREMATION LINEAUDYAL 'Spenify v 24 → JINERAL DIRHCTOR ADDRESS 250 REC'D BY REGISTRAP 256 REGISTRAR'S SIGNATURE VRAS 4





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE MARYLAND 21201

27925

CERTIFICATE OF DEATH

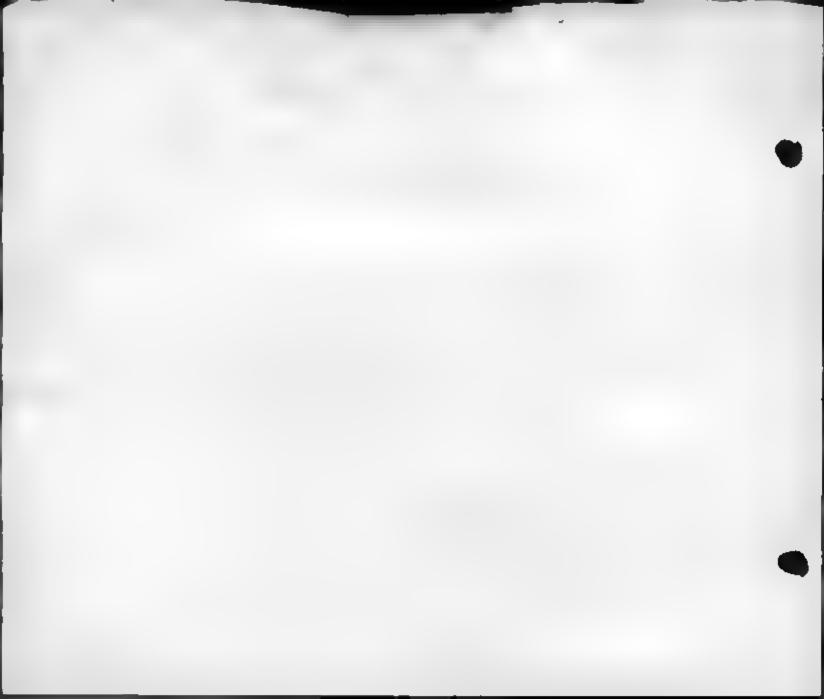
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***	BALTIND	ON It not in hospital give street address.	STRAFA PROPERTY
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3 1	MAME OF	FIR Middle A	cast 4 DATE Mapth Day Yes
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165	s no al unknown' (Unfergive wol o Yes WW I	225-10-1177	Mrs. Ollie G. Thompson 4804 Gareway Terr
П	18 CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED	one couse per line for a, b , and	INTERVALET WEEK
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	Conditions if any which gave	b) Careina	and Caroberry
	ise to immediate course (a), stating the underlying course	DUE 10	may oranger
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3-	DE STEPPER, NOTIFY MEDICAL XAMEN 20 IME OF INJURY Month, Boy		20e PLACE OF INJURY Hame Form: 20f fility at lawn Icounty IState
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	saw the deceased it ve	on 24/1/67 9 on	ad that death accorred at 4. After Mr. ram causes and an the date stored above
	220 SIGNATURE	while	MLD PHYS DIRECTOR STAFF 2/0 DATE JUNED
	221 PHYSICIAN'S	V Plant AD	22d ADDRESS City, Ballo Medi Carline
	NAMI Type' / AM	~ CHHILUPIC	Baltone
230	BURIAL CRAMATION 235 REMOVAL (Specify)	DATE THEREO 231 NAME OF METE	
20	Burial 6	/5/67_ Springhill	1 Cemetery Lynchburg V1rginia 1 250 REFD 8V RAGIN RAR 1 250 REGSTRAKS NIGHA IR
	oward H. Hubbard		21229 JUN 5 1967 Marley Judge
454	M 11 M - 1 4 M - 1		

の記さ 10 HOSPITAL OR ATTENDING PHYSICIAN. The IQW requires that the death certificite be executed within 24 hours offer death TO FLNERA, O RECTOR After this let trate has been signed by the attending physiciary and rangelety filled in by their director page 3 should be defacted for use as the burnol-transit permit. Then please garding plans page 3 should be filled with the State Dept of Health prior to burial unemainant or removal, and in it, by your within 72 hours offer. Page 4 may be retained by the haspital or attending physician VR A15 (4) 25M 67



Division of STATISTICAL RESEA OCH AND RECENOS 30 W PRESTON STREET BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE BLALTH BERT. USUAL PESSE NOE where some a MARYLAND NE ME OF DECEMBED IR RAC 7 MARRIE. WNEVER MAHRIE IPA ON FORK OF WITH done do no no privilegia a ever let no Barber Georgia DEN NAME U.S.A. A THEE NAME Minerva Harrell William H. Thompson J. WAS DE LASTO EVER IN ALMEE FURC \$ 6 -O A 32 I HITY NO INFORMANT Aud-sid Ye no or white will fixed years a constant service. Mrs. Helen M. Thompson 831 Kellogg Rd. 21093 212 -01 7560A 8 CAUSE OF DEATH Inter pair na con a rat na te a INT RVA PETA S YOCARDIAL INFARCTION ONSET AND A P DEATH AAS A JOE BY IMMERIA F AL FO / 1/ Conditions of any white-4 4 Q gave up to monediate as a 11 45 a stering the inderlying FAR II & HERSIONIA AN NO ON ON RETAIN TO ATE TO ATTAIN OF A SEASON SIYSN PAR . 9 WAJA ODSY PER LIKE NO P ∢ AN ATTENNA A SEWAS 206 Fair RIR HOW IN RY TO 1985 the new work "R-MARY & IN RIBU A SE OF DIATE 20s. TIME OF IN. IRY at any place of the =CIEL MED AL EXAMINER DATE SCONED ERAL. DEPUT PUNE FUNE RMA REMOVAL Specify 240 x Markville, Maryland 6/28/67 Parkwood Cemetery Burial 24 UNERA: C RECTOR 40 RE DAY REG STRAR VR AISME 5M 1/62 Wm. Cook-Brooks Towson 1050 York Rd. 2120+



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution. Residence het ve admission) o OUNTY Baltimore by the Podes E CITY IR THWN IF glittede respondte limits LENGTH OF TAY IN I'S torparate limits, white RURAL and give learned laws write Riffet undgive marry 16% 30 Alemos d NAME OF HOSPITAL OR INSTITUTION If not in hispital give sties address; o STREET ACORE e IS RESIDENCE Mt. Wilson State Hospital NAME OF DECEASED Kennard Joseph Thompson (Type of pie 7 MARRIED NIVER WARRIED & DATY JE offer 6. DLOR OR RACE IF JMOER in of give SHYDOWN T IN IF WHA! OUNTRY? 2114 Brakeman Patapaco & Kiver KR 4 MOTHER'S MAIDEN THOMPSON MATCH ASED EVER IN . . ARMED AT RE. . 2. 16 FOLIAL SETURITY NO INFORMAN Mes no, or unknown (It yes give wor as dates of service) Kecords, Mt. Wilson State Hospital NTERVAL BETWEEN & CAUSE OF DEATH floter only one curse per time for to,, ib., and PART DEATH WAS AUSID BY ONSER AND DEATH FAILLIR. HEART IMMEDIATE JAUSE ID. 0021 DUE TO beng. FAR ADVANCED PULMONURY fundition if any which gove use to immediate outsile o. DUF TO foling the under-ying duse PAR II DTHER JIGNIETIANT CONDITIONS ONTRIBUTING TO JEATH BUT NOT RELATED TO THE TERMINA DISEAST CONTITION DISEASE OF 9 MA, A, COM PERFORMEL O MOSPITAL OR ATTENDING PHYSICIAN 7% A. DENT WAS INDERLYING T 20th DESCRIBE MOW INJURY DOUGRA'D library nature of injury in Part of Part II at Item 8. OR ONTRIBUTING CAUSE OF DEATH 0 0 THE THER NOTIFY MEDICAL XAMINER -5 20e PLA: IF NE IRY Home nom 20c 10MF IF INJURY Month Gay Year 20d INFORM DOOLERED Havi a.m. for any street affile bling of at wark 🔲 2) I certify that (I this hasp to of ended the deceased from low the dereased ative on. and that death acci red a from caules and an the date stoled above 220 JIGNA IRE MD 27: PHYSIC AN TO FUNERAL M.A., Supt. son. director should t ZÚO BURIA REMACION. 20. NAME OF METERY OR TREMATORY 23h DATE THER/OF Baltimore, Md. Loudon Park Cemetery 24. FUNERAL DIRE TOR AND REI D BY REGISTRAR

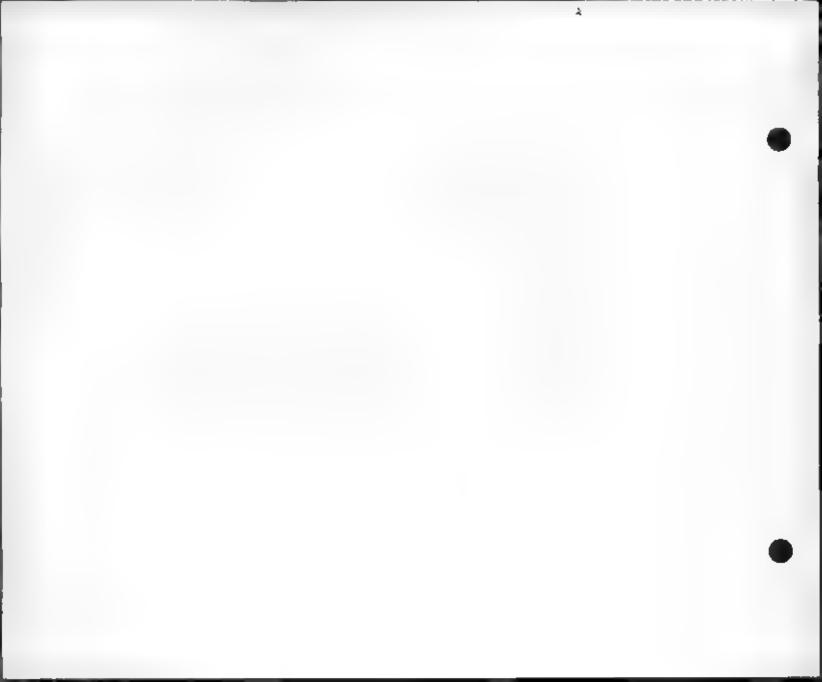
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death territicate be executed within 24 haurs

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TO HOSPITAL OR ATTENDING PHYSICIAN. The IBW requires that the death certificate be executed within 24 hours ofter death

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Dr. Joseph R. Liberto 236 DATE THEREOF 234 NAME OF CEMEJERY OR CREMATORY 730 BURIAL REMAION REMOVALL Specify Burial

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Bank Street OFATION LIFY OF OWN

2 The Schimunek Funeral Home, Inc. 3331 Brehms Lane

Oak Lawn Cemetery Baltimore
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VR A 5 (4) 20 M 1/46

TO HOSPITAL OR ATTENDING PHYSICIAN: The law regulles that the death certificate be executed within 24 hours offer

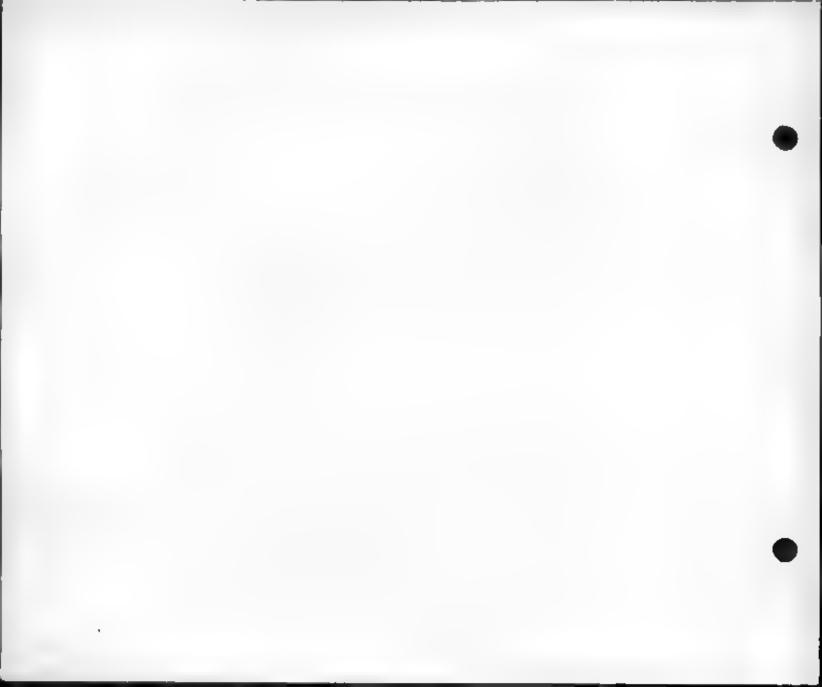
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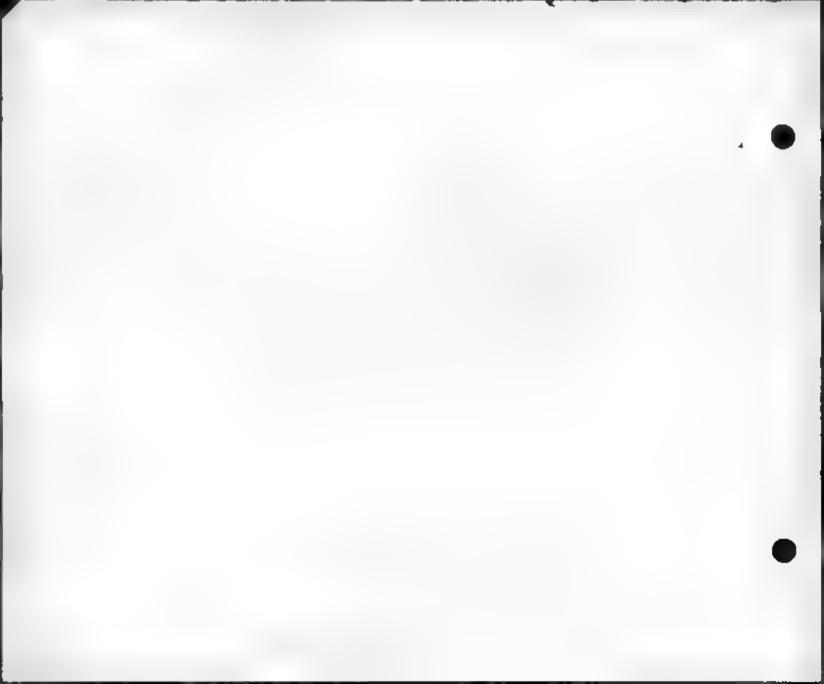
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET BALTIMORE, MARY, AND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT PLAC OF DEATH USUAL RESIDENCE Where deleted over this in the prince the let of the a SciNTY b CUNY of - 't. more A r i id MARY AND Pa The grade first grade first ENGLIN OF AN IN IS ITY TRITOWN It self-delic phote timits wille RURA in digital egresi own Myork & Top the Just Olive raral + la ort d WAME THE REPORT OF THE THE THE REPORT OF THE PARTY AND T d KEHT APOPE 6E. DEALE IN A GLY 10.2 d and a 3 NAME OF Mi dalle 4 DATE March DECLASED OF LAT ie 1 the his his day DEATH I & AGF II VID NEVER MARRIEL B DATE IF BISTE 6 JI IR IR KAT to at this day 5 THE OR CLD to Bull to TPA IN velkind at work on a the Kind of Bully ME a OR state in theretary purply during may inworking tile over it settled) 20 T A HER NAME 4 MC HER J MA'DEN NAME Ē Ta Trr . Va è <u>Gu</u> pup WA DOLLAGED FREE . ARM DOLLE INFORMANT Adding . 5 CI AL IP Y NE Yes no at alcohor IP you we was a thirty or leaving all DADE. F CAUSE OF DEATH to only the price pe iN Kea ban INF T AND LIBTE PART THATH WITH MITTERS ö MMI JA'E AUST TO a dition allony which gove se immediate a le a Dia 16 to ing the underlying laws. PART IS THER IGNISIONED ONE PORSO, NEW SUTING . PEACE BUT W. RELACEDED TO RANGE ASSAULT. 9 45 6 6 . UN LIVES IN CART IN PIKE IRY YTS [JIR IX DAY IN MA 205 DESCRIBE HOW ALL BY SILLMAND Their values of hours in Part of Part to tem 8. prid PR Mak? at INTRIB CAUSE OF DEATH 70s IN IRY OF IRREGUENT 20s PLAT OF IN IRY HARMETS IN 201 Kilwan town 20r aMa it INJURY Month lov. Haur o'm factory interest three bidg. etc. grwank - rwyge L 2) I certify that took charge at the remajor Seven led allove held an Autopsy | Inspection | Ing. 49 and in my opinior Mg prouses 41 A. ident Hamicide Undetermined monner HIE MINDICAL EXAMINER ACTUAL 22. DATE NIGNED the tuneral 5 may be ret TO FUNERAL ASSISTANT MEDICAL XAMINER SIGNATURE b DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 0 Funt Health MAME YES Addis - tree ity live or apply 231 NAME OF CEMPTERY OR CREMATORY 230 BURIAL IR MATION. 236 DATE THEREOF 23d Chalinn dv o town RIMITA STATE Car ore of Facts aryland

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24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth Juneral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if in into on Residence before admission D. COSENTY b COUNTY Baltimore Marvland MARYIAND b CITY OR TOWN If ou side corporate limits CITY OF TOWN TO LENGTH OF STAY IN ID hullade corporate limits, write RURAL and give nearest fown. write RuRAI and give negrest town 3443 Harwell Avenue d. NAME OF HOSPITA; OR INSTITUTION If not in hispital give street address. d STREET ADDRESS WE BEN'S pabe St. Joseph Hospital Baltimore, Maryland 21213 NAME OF Niddle test ·45.i Yeor DECEASED EDWARD JOHN URBAN June 18 67 17 Type or print) DEATH B DA' OF BIRTH THE INDURED A HIRS 5 SEX 9 AGE IF INCIR YEAR 6 CLOR OR RACE NEVER MARRIED * MARRIED YBO 63 billiday) death certificate be exec Male White 6-11-04 WIDOWED DIVORCED Laundry HPLACE annity & Stone as foreign country) ğ Bo USUAL OR/OPATION (Give kind of work done "YEN OF WHA! CUNTRYS Maintenance Foreman puo рһүѕісіоп Md. Baltimore 3 FATHER NAME 4 MOTHER MAIDEN NAME IBMOVOI Sophia Musil Anton Urban S WA, DE ASED EVER IN ARMID FOR T 6 JUNEAU TRITY NO **MECRMANT** Address 틍 Nes no or unknowns lift was now was or dates at service) 6 Anna Urban, wife, above 216-07-5912 m01,00 The law requires that the INTERVAL BUT WEEK 8 CAUSE OF DEATH 'Enter only one touse per line for all blind of DNSE AND DEA H PART DEATH WAS ALTED BY Cerebral vascular thrombosis MMEDIA AUSE 101 â burrol-tro DUE TO burg. conditions ill only which gave Diabetes Mellitus use o mmedio a rouse ox DUF 10 doting the inderlying rouse Phe. los: 9 WAS A TOPLY
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MARYLAND STATE DEPARTMENT OF HEALTH DIVIS ON OF VITAL RECORDS, 301 W PRESTON STREET BALTIMORE MARYLAND 21201 HEALTH DEPT. PLACT OF JEATH JSDAL RESIDENCE WITH HERE IN THE Maryland Baltimore b CITY DR TOWN (If outside corporate ast of TAN N. B. TV IE 199N and will A MALTIN a name of wi write RURAL and give necess (men) Baltimore MANNE 2: HOSPIA: 18 INS 11 ON II not contail give street address. H RE SOOR 化 点 安慰 Fort Howard Hospital 606 N. Lakewood Avenue NAME OF Ar della DELEASED WILLIAM VAN COURT 1039 25 8 JATH BIRTH O OF TRIBRIAN MARRISD DO NEVER MARRIE re: problem June 2. 11967 610:39:0 White . Si Joh W live id a ware done DE KIND YER GINE 5 中 位用位 to a two lightly even by son, N. P. SRY Balto. City Sanitation Balto., Md. Lahorer A HAP NAME L. M. THER' MA IFN NAME Dept. william H. Van Court Bernadine Herold WA DI AN EVER # ARM DROFULL b IN A IN IRITY NO NEORMANT addres Te no a remove the verigine was date of service) 5 b18-18-0983 Lormaine Van Court, wife, Above ves. WWII R CAUSE OF DEATH the intrinse to selpe line of a latter Alta all mails Pak DM F Wa C 87 Acute Subdural Hematoma MARCIA CAUSI ID Mord 8 8 Conditions, if day, which pove rise to smmediale cause so an elective as 'पारक पर पार्टिक पर के प्रकार पहिल्ला है। इ.स. १८ वर्ष के १८ वर्ष के १८ वर्ष के HET RAPUS IT AS INVOLVENCE MAIN MAR A 2 SOME PRIMARY & OF CONTRIBUTING 206 Discalar Holy Nougy is TURBEL the acronic . P Allegedly fell a II IF DEATH EXAMINER 20 Pt 167 1 KK u Mr. William Unknown Baltimore, Md. 1967 or work had I literally that think charge a thrillemain delibert in versed a Aliqui, Kill and in my hole in well 5 Actoen X Harrie de Motoro auseu l or determined in grane (HIFF MED AS BOMINER 20 22 DATE SIGNED A. THE MED A TAMINER X FUNERA. 6 6/67 Werner U. Spita, 250 NOME OF MEST OF SEMANTSY 201 AUS - E1 Baltimore Cemetery Balto., Fd. 250 R JEYRE RAP Zib R RAR Nn IR 24 → INERA PF DR Schimunek Funeral Home VR A SME exceptly years 2601-03-05 L. Ladison Street #5

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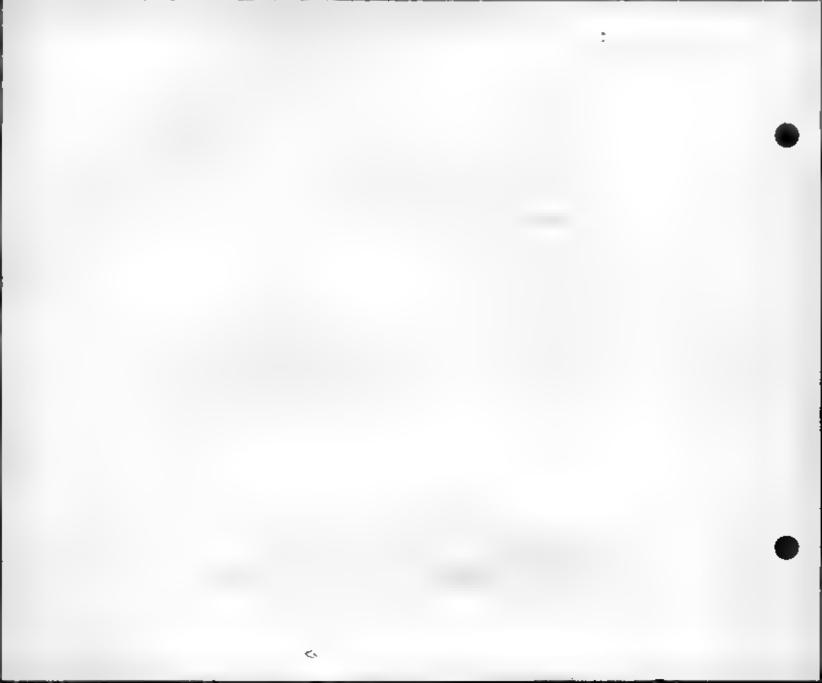
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 WI PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived at institution, Residence before admin ton a CHINTY BALL LLI PE THY OR SOWN IN JURISIDE CINCIPLE HINT & FNGTH OF TAY IN 'B d NAME OF HOSPITAL OR INSTIT TON their in hespital, give theet address d STREET ADDRESS RESI (#90 ON A ARM? 1403P BALTACEE GP(18 75. U 1 80 🖼 NAME OF 4 DATE DECEASED EDITH ROSS V NICEN Type or ponts 20 requires that the death certificate be executed IF SOER VLAR TIF UNDER 24 HRS 9 dGF ir yeg. MARK-tD V NEVER MARRIED b COLOR OR RA tes brilling FELLALE WHILE WIDOWED DIVORCED | 10c KuAr O. IPATION Jurve sind or work done ON KING OF BUSINESS OR 17 TITIZEN OF WHAT 1 BIRTHPLAC, Isogunty & State or foreign country's during most a marking life even it registed. INDUSTRY COLMIRVA BALTIMOFF 2. FATHER'S NAME 14 MOTHER S MAJEEN NAME DEPRY PUSS. BALEK CHARLS K47F (C (A P INFORMANT S WALDE ASE EVER IN ARMED FORCE ? In SUCIAL SECURITY NO Mes no at alknown Ill yet a verwar at date to sening 129 BALT WEBUR L NICEN 8 CAUSE OF DEATH (Enter only one rouse per one off in abilitions INTERVAL PETWEEN PART I BEATH WAS ASSED BY ONSET AND WASH IMUNERIATE CAUSE (a) conditions if any, which gove nte to immediate toute of. DUF TO stating the underlying dose PART II QIHER ZIGNIH) AKT CONDITIONS ON PREVIOUS TO CEATH BUT NOT REALED TO HE FRANKAS INSUASS ONDITION SYND IN PAR WE HITTES PLR-ORAGES WET 450 1/1001 'nÛ O HOSPITAL OR ATTENDING PHYSICIAN 206 OFSCRIBT MOW INJURY 18 JRRED Foton native of injury is Part of Part II of term 8 20a Afri (EST WAY INDER YOU T OR CHIRD IN T AUTHOR HOTH [H EETHER MOTHEY MEDICAL XAMINER] 20a StAr G. (NAURY Month Day Year 20d INJURY OCCURRED 20e PLATE OF SIJRY Mame form "it's or lower QUIL Y Hour a.m No White loctory street, a fine bidg left. gr work ____ or work 2. I certify that 1, this has pall of ended the dereased from 12-2. 966 0 6and hat death a lived a graphy from touses and an the date lated above TO FUNERAL DIRECTOR ad ADDRESS NAME Type MITTERY OR REMATORY BURIA TREMATION 256 MIGISTRAR'S SIGNA JR 250 REL O BY REGIT PAR





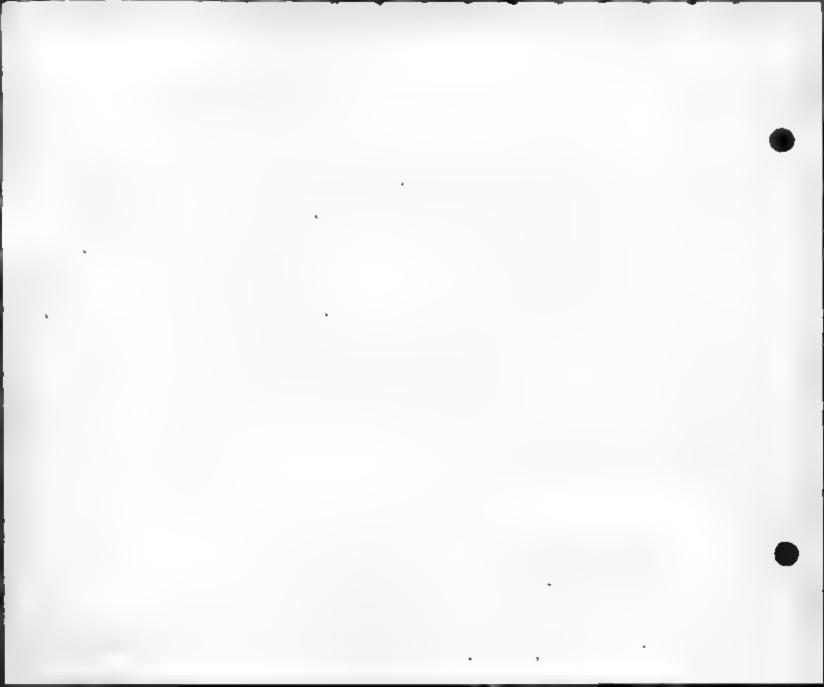
Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF 2 USUAL RESPOENCE (Where deceased lived, if institution, Revidence before indiminision Ord PLACE OF DEATH O COUNT Ba Rendallstown b. COUNTY 24 hours after H more b CITY OR YOM'N to passide experces limits. TAY IN 15 TY OR TOWN. It outside corporate limits, write RURAL and give negreti fown UNG IH OF write RURAL and give regret have KHILDELL SYEW WOOTLAWN ON A PARM? & NAME of MOSPITA, OR INSTITUTION If no in hospital give street address, d STRE, ADDR Filled 명 etety t orbon 1 NAME OF DATE Dov DECEASED OF 11/1iam 1967 ME OF BOILS DEATH 60 dub **AGF** IF UNDER YEAR 8 DATE D BIR IN To years 7 MARRIED NEVER MARRIED andwa. b - hdov Month Days WIDOWED DIVORCED. gug Ь IDo ISOAI OF JPA ION (Give kind of work done DE KIND OF BUSINESS OR BIRTHPLACE | burning state of foreign quality ZEN OF WHAT during mass of working the even it retired NDUSTRY pieose Dub death contrincate 3. FA HER'S NAME 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 6 JOY IA I SHIRTY NO MEGRMANT permit (Yes no grank jown [[If yes give wor pudojes of service grematian INTERVAL BETWEEN 8. CAUSE OF DEATH interingly one rouse per line for of DNS; AND DEATH PART DEATH WAS ASSED BY MIMEDIATE CAUSE (0) HO physicidin DUE TO paubis Condition tony which gove nse to immediate buse of DL TO stating the underlying course eu-Jas F TO WAS ATTOPS PAR II. OTHER YIGNIFICANT "ONOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((b) PURFORMED? NO. 205 DESCRIBE HOW INJURY OCCURRED JETTER noture of injury in Part of Part II of Ham B 200 AT DENT WAS UNDERLYING ... OR TONTRIBUTING L. AUST OF DEATH tochad lept. of HEF EITHER MOTIFY MEDICAL EXAMINER Dept. 20a MUURY OCCURRAD 20e PLACE OF NULRY Stome form. Killy or 10wn (County) Stoles 20s Mr. OF INJURY Month Day Year ġ. Hour o'm. White Not White of work foctory screen office bidg, etc. ş 1967 to attended the deceased from 21 I certify that (this haspile be retained and that death accurred at 50 h.M. from causes and an the date stated above saw the deceased alive an TO FUNERAL DIRECTOR 22k DATH JGNED 22c SICHATURE STAFF ATTENDING DAME CADE d ertar page shalled be filed 22d. ADDRESS. 22 PHYSIAINS Page 4 may NAME (Type) 230 BURIAN REMATION 236 DATE THER OF 23L NAME OF CEMPTERY OR CRUMA/ORY 23d. JOHANION (City of Town) (Stote) PEMORAL Specify 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VE A 5 (4) 20 M 1/64

MARYLAND STATE DEPARTMENT OF HEALTH



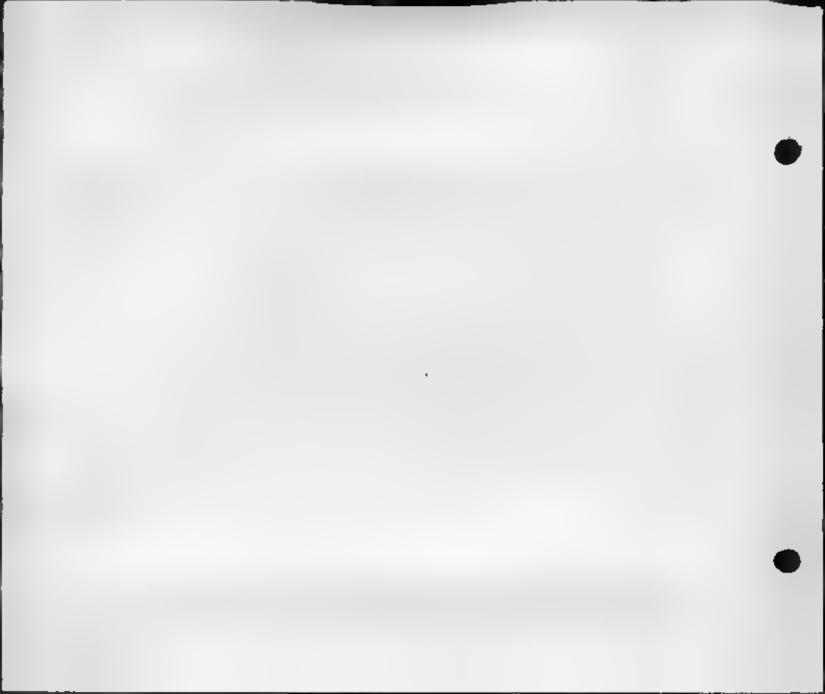
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE I, WARYLAND DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, I institution: Residence before admissions A. COUNTY 5. COUNTY after Baltimore Baltimore MARYLAND b. CITY OR TOWN (If optside corporate imits, write RUNAL and gire nearest town: C LENGTH DE STAY IN 15 c CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) Towson = d. MAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ree mat eq 丰 Towson Convalescent Home Convalescent Home | YES completely NUME OF Errst Middle Month DECEASED OF Nannie 19 67 (Type or print) Watkins DEATH June executed tending physician and com or Ther please remove or or removal, and in thy ever 6. COLOR OR RACE 17 MARR ED THE NEVER MARRIED TO DATE OF BIRTH AGE (In years | FUNDER 1 YEAR | ast birthday! Months Days Hodr's I WIDDWED & VORCED 10a. USDAL OCCUPATION (Give kind of work done ... JOB KIND OF BUSINESS OR County & State, or foreign country. 12. CITIZEN OF WHAT during most of working if a even if retired; MOUSTRY COUNTRY? NONO FATHER'S NAME None Baltimore Md ILS. certificate MOTHER'S MAIDEN NAME Joseph E. Watkins Elizabeth Macatee INFORMANT Towson ò death (Yes, no, or unknown) (If yes give war or dates of service transit permit 213-18-6522 .Dayid H Rd NTERVAL BETWEEN ONSET AND DEATH T411man aburth 18. CAUSE OF DEATH FERIOR only one cause per Han for (m), (b), and (c), I DEATH WAS GAUSED BY n signed b burka tran burial, cre IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which 6 gave rise to immediate 1 th DUE 10 書 cause (a), stating the unificitying cause jast PART D'HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IMPART 1(4) T19 WAS AUTOPSY r this certificate hadetached for use a PERFORMED? NO W 203 ACC DENT WAS UNDERLYING TO DE CONTRIBUT NG CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR'BE HOW MURY OCCURRED. (Enter nature of influry in Part I or Part I) of Item .8. 200 TIME DE NUURY Worth Day, Year 200 INJURY OCCURRED 204 PLACE OF INJURY (Home, farm, | 20f (City of Lown) (State) County ractory, street, office bide., etc) Hour a.m. After d be d MED Not While White at work at work S should b 19 40 to 21 | cortify that | (this hospital) attended the deceased from January / saw the deceased a ve on Julie and that death occurred at 3 30 m tropy the causes and on the date stated above. DINECTOS Re 3 sho led w th t 22a SIGNATURE DATE S GNED å Kiell all M.D. DIRECTOR PHYS may director page should be file ROSPITAL 22c PHYS C AN'S 224. **ADDRESS** NAME (Type) Tillman 3035 Paul BURIAL, CREMAT ON., 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCAT ON (City town or county) (State) REMOVAL (Specify) Baltimore Burial Loudon Park 24 FUNERAL DIRECTOR REC'D BY REG'STRAR 25b. REGISTRAN'S SIGNATURE .Jenkins 4905 York Rd. Sons VR 215 (4) 2014 765

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



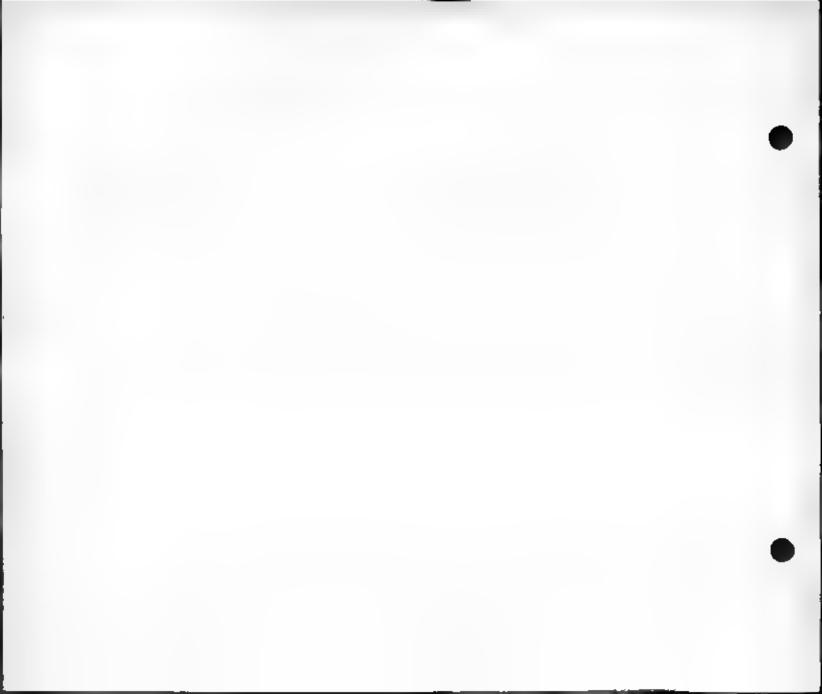
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BACTIMORE MARYLAND 21201 CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 303 W PRESTON STREET, BALTIMORE MARYLAND 21201

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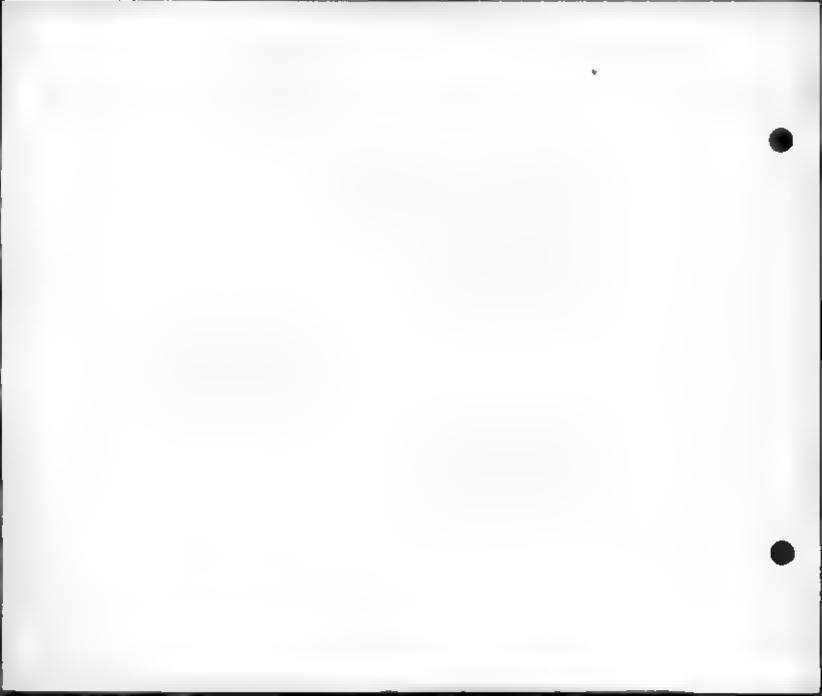


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE MARYLAND 21201 27943 CERTIFICATE OF DEATH within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before obmission fune t a COUNTY BALTIMORE MARYLAND TITY OR TOWN '14 autiside imporate limits. NEWS OF TAY IN B TTY OR TOWN If outside precipte limits, write RURAL and give neurest rawid write RURAL out give negrest fawn, FORT CONARD O DAYS COCKEYSVILLE d NAME OF HOSPITAL TRING ILLTION (It not in hospital give theet addre-A TRIE ADDRE ROWDENCE ON a FERM 600 WARREN ROAD VETERANS ADMINISTRATION HOSPITAL No. NAME OF a DATE Vidd e tampietely laye calban Dov DECEASED MARRYMAN Cype or print ELMER WHEELER JUNE DEATH IF .NOER TEAR 5 41.16 6 COLOR OR RACE 7 MARRIED NEVER MARRIED & DATE OF BIRTH 9 AG F VR: inel bathdoy) Months OF WOOD W DIVORCED MALE NETTE 100 ISUAL OUT IPATION If we kind it work done ON KINE OF BUSINESS OR I BIR18PLACE 'Lounty & State or foreign outby 12. TIT ZEN DE WHAT during most of working als even it retired? INDUSTRY DUNIER 3 BALTIMORE COUNTY, MARYLAND IISA 13 FATHER'S MANE 14. MOTHER'S MAIDEN NAME MARGARET E. FORD JOHN THOMAS WHEELER 16 ROUNT RESURED NO 7 INFORMANT WIG ? FASELIVER IN SPINE OF Yes, no. or inknown (If yes give war or dates of service)

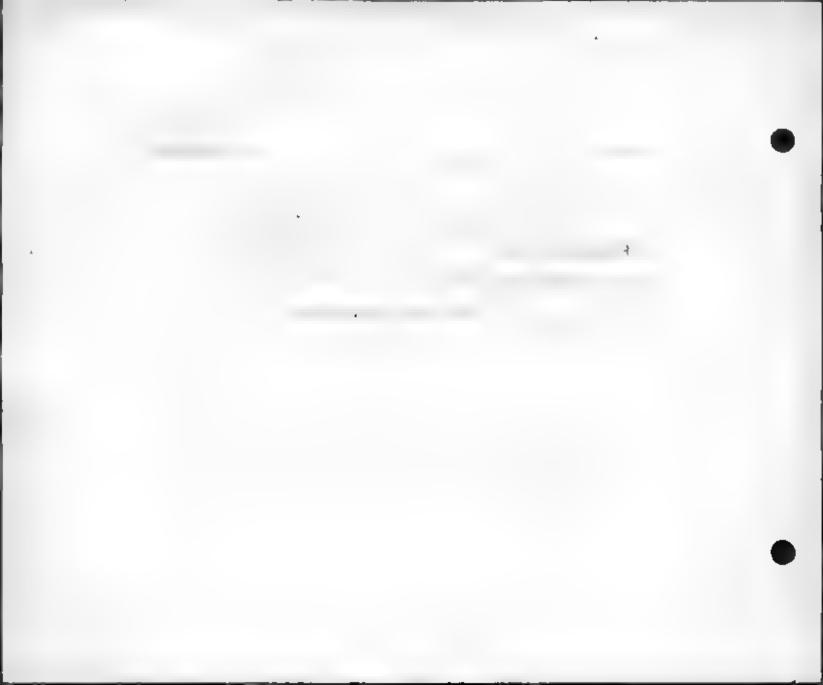
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALLIMORE, MARYLAND 21201 37944 CERTIFICATE OF DEATH 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if involution. Residence belose admission) a rount Pattimore B JOUNTY b CITY OR TOWN If outside corporate limits write REPRAY and give search found. JUNEAU AUTOMOTION OF TRANSPORT CITY OR LOWN In your addingroup regret familia, write RURAL and give negrest rown. Palt pre e IS RESIDENCE ON A ARM d MANY OF HOSPITAL OR INSTITUTION (It had no haspital give meet address) d STREET ADDRESS pope 72 3333 . (rarles St.eet Tell Tursing Home NSXX NAME OF and completely trempose orbania Middle Year DECEASED OF DEATH june vhitaker Hanold (Type or print THE AGE IN YEARS DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED MARRIED DO ⊣ρς bir hday dute WIDOWED I DIVORTED | Jo USUAL OF I IPATION 'Give kind of work done DE KIND OF BUSINESS OR BIRTHPLACE (Lounly & State of Fareign durity) 2 TIT ZEN DE WHAT SUNTRY? during mast sakworking life, avan Airetired) NDUSTRY Innecticut Sales raper Justness 13 FATHER'S NAME 4 MOTHER'S MAIDEN NAME DV0 men ary womin s S WAS DEL AND EVER INC. ARMIN FORULT 6 SOURAL ST JRITY NO Yes no ar unknown; If you give war at dates of services 18. CAUSE OF DEATH (Inter only one cause per line for to al-transit PART DEATH WAS ALSED BY IMMEDIA AUSF 101 andition if any which gave a nse co-mmediare puse jay DUE TO stating the underlying cause ô PART II OTHER SIGNIFICANT ONDITIONS FOR RIBU ING IN DIGHTH BUT NOT RELATED IN THE TERMINAL DISEASE CONDITION GIVEN IN PAR III 19 WA 61 1753 PERFORMED® hed for a 20 4 ERT WAS INDIS YING 206 DESCRIBE HOW INJURY O. GREED Trains nature or injury in Part 8 or Part II at Item 8 OR ON RIEL ING ALL OF BEATH IF HER MITTEY MEDICAL XAMINER 2Dd INJURY OF MIRRE! 20a PLACE OF INJURY Home forms 20x 1 Mil Oh INJURY Month Day Year I ly or fawri) **Чаш п.т.** White D Not White D fortony street, affice bidg, etc. 2. I certify that (i) thus maspitel offended he deceased from 1. And 9 1965 to the second of the roge 4 may be retained.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE. MARYLAND 21201 07945 CERTIFICATE OF DEATH 24 hours after death 1. PLACE OF DEATH 2 USUA: RESIDENCE Officers deceased lived if in artist on Residence before admission) o. STATE IN COUNTY OF COLIKIA MARYLAND bi CITY OR "GWN "If conside corporate limit." JENG THE OF STAY IN 16 UTY OR TOWN outside corporate which write RURA, and give necess fown write Rtl RAL and give negrest lown d NAME OF HOSPITAL OR INSTITUTION Of high in hospital, give street address d JIREFT ADDRESS e IS RESIDENCE pape n 72 IN A FARMS Dall. NO DE NAME OF Middle 4 DATE FINE Duy Year 4 Baselomos 09,00 DECEASED Type or pointly ¥3. ? IF UNDER AGE IN years b COLOR OR RACE NEVER MARRED B OATE OF BIR H * MARRIED è, fast birthday) Months WIDOWED X DIVOR TO E g ā OF KIND OF BUSINESS OR 10h JSRAL OCH PATION 2 TO TEN OF WHAT death te tificote be INDUS RY please OUNTRY 6 3 FATHER'S NAM 4. MO' HER . MAIDEN YAMI INFORMAN1 ā WA DETHAS FOR EVER IN A ARMED FORCE TO 4ddres Yes no or inknown. If yes give wor or dates of lenker ö cremotion, NICRIVAL BETWEEN B. CAUSE OF DEATH IFINISH only one cause per line PART DEATH WAS AUSED BY DAISH AND DEATH signed by t buriol-trans IMMECHATE CALISE TO DUE TO Canditions I any which gove ine to immediate au ella DUF TO trating he under ving ouse peen 10r q á PART II D'THER SIGNIFICAN CONDITIONS CONTRIBUTING DIDEATH BUT NOT RELATED TO THE TERMINAL O WASH TONOMICS GIVEN IN PAR 900 St PERFORMED? lor Use Health @ 121020/0RD bed for us 40 PHYSICIAN. 206 OFSTRIBE HOW MILEY OF GRRED. Finite nature of injury in Part, or Part, If of them, 8 20- ADD DEST WAS INDER YING CO. OR CONTRIBUTING CAUSE OF DEATH IF THER YOTIFY MIDICAL FRAMINER Dept 20d INJURY OF TURRED 20e PLACE OF INSURY Stome form. "IMIT OF INJURY Month Doy Year fortary street affice bidg, et-Hour d.m. No: While ATTENDING gt work a) wark 19 hat 21 I certify that) this haspital) attended the deceased from 1a be retoined from causes and on the date stated above and the death accurred at sow the deceased allive on FO FUNERAL DIRECTOR 22c 96NATUR 22b DATE SIGNED CHREFTOR be fled 22. PHYSIGHT TO HOSPITAL Poge 4 may d reutor should it T-136 DATE THEREOF 230 NAME OF ME RY OR R MAJORY 3d School involved was 23a BURIA R MALION Pauntyk St. Paul's Cemetery Upperco Balto. Co. ADDR-55 A FUNERAL DIRECTOR JSO RE D BY RIGISTRAR JSb REGI TRAR'S SIGNATURE VR A 5 4) Tipton - Eline Funeral Home Hampstead, Md. 167



DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 97946 CERTIFICATE OF DEATH 2 USLIAU RESIDENCE (Where deceased lived it in adultion Residence before administra-PLACE OF DEATH n. THINTY / E COUNTY Battemers. manufand MARYJAND b CITY OR TOWN II putside apporate limits LENGTH OF STAY IN Th e CISY OR TOWN (III dutiside corporate limits, write RURAL and give naurest town agita RL RAI and give hearest flown, Balt un orz day Bultwin d NAM OF HOSPI A, OR INSTITUT THI (It not in baspital give street address). d STREET ADDRESS TRESTOLING ON A ARM 8802 Fearne NO F MAME OF Muddle 4 DATE completely I lD91 DECEASED OF 23 DEATH 6 ("vpe or print) that the death certificate be executed FAR SEX B DATE OF BIR 'N AGE II years TIT NOTE 74 HKS & JOHOR OR RACE 7 MARRIED NEVER MARRIEC loss, birthday) Month. Days Hour WIDDWFO DITYOR CED. Š Boll ISUAL DUJPATION Give kind or work done TON TONE OF BUSINESS OR TIZEN TE WHAT BIRTHPLACE (Launty & state or foreign ountry) Baltices Checkeng life avand retired NDUSTRY please Generican Gil Co. Pho Dt 14473 13 FACHER'S NAME 14 MOTHER'S MAIDEN NAME олоше. BESSIE Manne M AGA S WAY DECEASED FULLEN 17 INFORMANT JARM DETRUST IS SOCIAL SIGNIFICATION fres on brunknown erenit yes give way a date into envice 능 HOSPITAL 6 B CAUSE OF DEATH the larger are rouse per line for log Ps. and NITRY ALDIENT N ONSE! AND DEATH PART .. DEATH WAS CAUSED BY ép MANAEDIATE CALISE (a) á W261 DOM: YOU Signed ₽ Conditions, ill only, which gove rise to ammudiate cause (a). DUF TO stating the underlying cause os the been 103 JDC 9 PART II OTHER JIGNIEKANT OND TONS CONFERENCING TO DEATH BUT NOT RELATED TO THE TRANSING DEFANT OF OWNER OF THE PART OF THE PAR PI IN COMED? ΝĎ PHYSICIAN 205 ACCIDENT WAS UNDER YING [206 DESCRIBE HOW PLACEY OCCURRED (Enter noture of leastly in Part II as Part II of them 18.) OR CONTRIBUTING IT LAUSE OF DEATH IF FITHER MOTHY MEDICAL EXAMINER MEDICAL 70c TIME OF INJURY Morth, Day Your 204 MILEY DOLLERED 20e PLACE OF NURY (Morne form, If the or howers (Country) (State) Hour a.m. Not While factory, street, office bidg, etc. TO HOSPITAL OR ATTENDING of work L of work 19 6 attended the deceased from 21 | certify that (1this hospila well last retained . and to death accorded at All from couses and an the data stored above. saw the deceased a velon. DIRECTOR 270 SIGNATURE THE DATE HONED **CHRELTOR** filed o 728 ADDRESS 22) PHYSIGANII pood per f FJMERAL NAMI Type 10,39. blooks 232 NAME OF CHMITTERY OR CREMATORY 23c BURIAL ORFMATION. 286 DATE THER OF 236 LOCATION (Eity or Town) (County) (State) REMOVAL (Specific **Faith** 2 v Gardens of <u>Baltimore County Md.</u> 24 FLINERAL DIRECTOR BY RIGHT RAR 256. REGISTRAR'S SIGNATURE SON 8802 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W PRESTON STREET BALTIMORE, MARYLAND 21201

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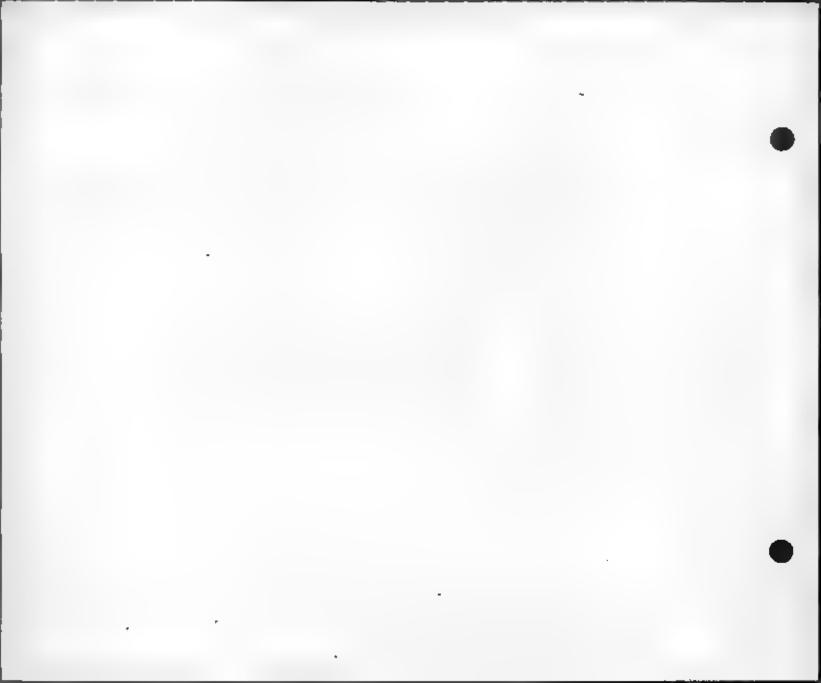
CERTIFICATE OF DEATH

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O FUNERAL DIRECTOR. After this entitled has been signed by the attending physician and carloineter, fined in by the Judena director page 3 ships to be delicited for use as the bill planes, permit. Then please remayer, stack gapers. Pages and a shauld be filed with the State Dect of the city built but a , cremation or remayal, and in only event, within 72 hauss after death. TO HOSPITAL OR ATTEND NG PHYSICIAN The 'ow requires that the death certificate be executed within 24 hours Page 4 may be retained by the hispirta or attending physician TO FUNERAL DIRECTOR After the VR A 5 4] 28M 1 62



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 27948 PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived of the during Residence before admission) o COUNTY Maryland Baltimore MARYLAND by the IY OR TOWN 12 historie impargle limits ENGTH OF JTAY IN 16 CITY OR TOWN It builds response limits, write RURAL and give negrest lown ESSEX (Z1) Essex (21) d NAME OF HOSPITA, OR INSTITUTION If not a hospital give street address d REFT ADDRESS IS REGIDENCE ON A FARM 551 Sue Grove Road 551 Sue Grove Road 1 NAME OF 4 DATE Middle DECEASED June 12, FREDRICK WILSON DEATH We it bring, the death certificate be executed IF THERE 24 HRS B. DATE OF BIRTH 4 AGE In year IF UNDER YEAR & COLUR OR RACE 7 MARRIED R NEVER MARRIED Jasi birthdayi Sup. DIVORCED Nov. 10. 1900 WIDOWED | White Male 2 OF ZEN OF YOUAT Idu in 61 Cr. IPATION live kills of work done OF KIND OF BUSINESS OR BIRTHPLACE County & viole as tareign (ountry). during most of working tife, even if retired) COUNTRY? INDUSTRY Machinist Can Co. Baltimore. Md. IISA 4. MO' HER'S WAIDEN NAME 13. ATHER'S NAME Christina Schrott Benjamin Wilson WAS DE RASED FYER NO ARMED ORGED? 14 SOL AL SECURITY NO 7 INFORMANT Address. No as as unknown (I yes give war or dates of service) b 213 01 0196A Cassie Freda Wilson Same NTERVAL BETWEEN IB CAUSE OF DEATH "Fine looks one couse per line for a fbi, and ") CORONARY OCCLUSION
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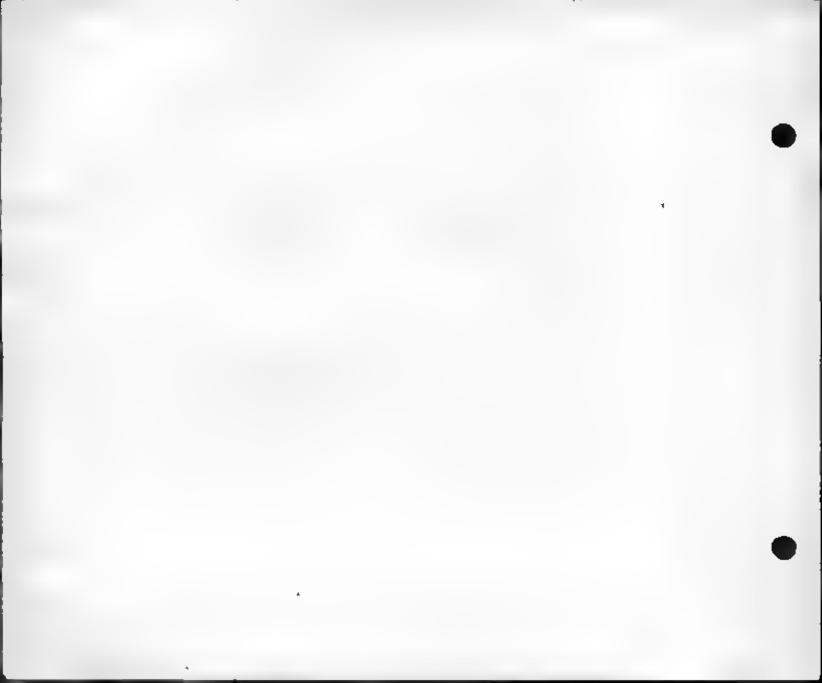
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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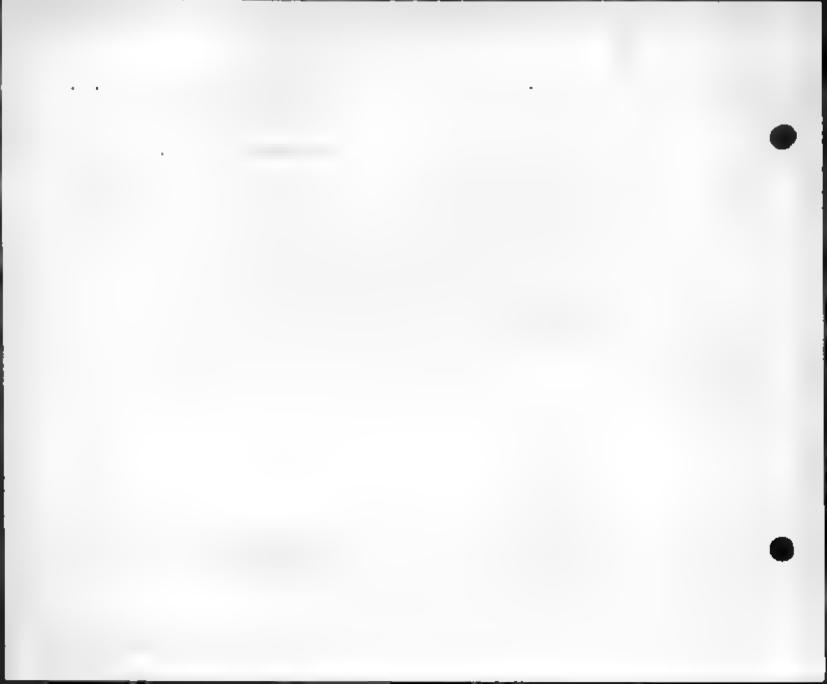
DIVISION OF VITAL RECORDS, 30 W. PRESTON STREET BALTIMORE, MARYLAND 21201 07951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH USGAL RESIDENCE Whose more a COUNTY e STAT a CHATT Maryland BALTIMORE is a toppy to a little of It of town it in the injoint TENN HIT IN HIS HE write K RAF using year Parest Dwiwill girls Rhij up u grav minger ituwa PM3 Essex Essex - NAME TO HOW \$4, IN THE STORY IT HAD IT BUT INC. AND APPROPRIES GODING STREE ADDRESS. P051-18410 DN & ARM 4 Goellers Avenue 4 Goellers Avenue NAME OF M Helia (DATE DECTALED WITTLER CHARLES 28, 767 June Typ c on DEATH 5 -00 B. GATE OF BUR 16 9 4 4 PHINE 5 CLOR ON RAU MARRIEL F NEVER MARRIE W 46 ia ligated WINDYMED FAT Male White IVOR 'F a 6 Pullin svex idin worknope 95 KOND 1 RESERVES UR nia graven y intry COUNTRY 2 A MATHER MATTER NAME WAME NAME Exami 6 (OU44 16 Y NO WAR CHARLESTER ARMS OF F IN-ORMANT Godre Yes no in the line with the service of the 4 11 4 8 CAUSE OF DEATH I'V in one on line to a board N RVALK TW ONSE! AND DEATH PART DEATH WAS LAUSED BY Arteriosclerotic heart disease IMM Float AUSE to -2 70 44, 70 Conditions, if any, which gove to eise to immediate couse for appropries a period gradual Pop Pop PART OF STRANGERANT CANOLIGHT DRIFF AT A DEATH BY A TIRE A DISTERSINAL FOR TOUR OF JOYN IN PART 18 81 02 MED. emon. 5 NO 12 8 2 X SHA S INVA 20s On Rish HOW INT RY TO SRRE Intel law elong que of home in Fig. 30 de 12. ON MAKY INTRIST INC. 704 N. RY B. JER THE PLACE GO IN IR! MINISTER BY · y if N RY y gath Day You e wink a satisfie a at any liee of lieb a six 2 | certify that I lick harge the nico de non ve heloce Anpy_____neperr 🔀 In:IT If y 1- 0 D 1/2 1000 D DIRECTOR Noting Joses XI Ar ent [] Suicide Higgs de BIT MESTIAL XAMINER 22 DATE SIGNED AT ANY MEDITAL XAMES. 0.840 EP TY ME HIA KANTINEK June 29, 1967 Charles S. Springate, M.D. NAME vice RKICE RIVERSE raa Mar WEM You he do. ALCOR II PF A 301 5 644 SS 1, R.F. 306 Mrs 5001

MARYLAND STATE DEPARTMENT OF MEALTH



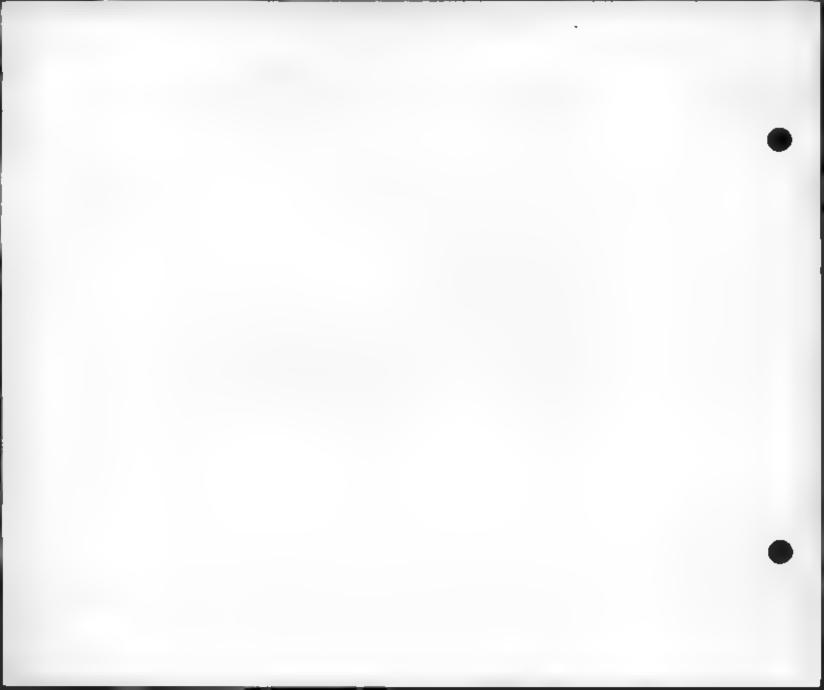
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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (When deceased med. institution. Residence battere odinivioni e COUNTY **6 COUNTY** Baltimore Maryland MARYEAND hours of ter b CITY OR TOWN "His itside diprirate imits TTY OR "DWN (If outside remointe limits, write RURA) and give nearest igam. RELIGION AT IN IN write RURAL and give geore: lowing Halethorpe Halethorpe d NAME OF HOSPITAL OR IN TO TION (If not in hospital give street address) d STREET ADORESS IS RESIDENCE IN 4 -ARM? 1915 Woodside Ave. ON DEPART 1915 Woodside Ave. With the NAME OF hirst 4 DATE Month completely DECEASED OF Frank Α. Wood June 1967 eveni DEATH B DAJE OF BIRTE 9 AGE In year IF INDER YEAR JE INDER 24 HKS 6 OLDR OR RALL 7 MARRIED NEVER MARRIED 70 bethdoy) Months Days Houes 200 (PERO 10/27/96 WICKYWED DIVORCED Male White puo Co. JS. 4) O. "J24TIQN Give kind or work done ON KIND OF BUSINESS OR BIRTH PLA. Hounty Butote at foreign rountry. ZEN OF WHAT during non ctworking life ever in spred; Installation (retired) ysirion o INDUSTRY **DUNIRY** puo Α. Davis Maryland USA 3 FATHER'S NAME F4 MOTHER'S MAIDEN WAME DAOWA e P William Wood Mary E. Eyler ರಾಕ WA DEPLASED EVER IN LA ARMED PER S 17 INFORMANT 6 SCX (A) SEL JRT Y NO. Addres: Mas bu, or enknown, Ill yes give wor or dozes or service) ä 213-03-7980 1915 Woodside Ave. Yes Leonora Wood IN KVAL BUWIEN IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Oh TAND PANY PART DEATH WAS LAUSED BY IMMADIATE LAUSE 10: aghed by sight DUE TO andilions hone which gave ass to immediate couse o). DUF TO Johns he underlying touse SG WA' A TIPSY PART II OTHER SIGNIFICANT ORDITIONS CONTRIBUT NO DEATH BUT NOT RELATED TO THE TRANSPARE THOS YOU GIVEN IN PART II belbe BBMED. M) $\stackrel{>}{\succ}$ 256 An DENT WAS INDERLYING L 206 DESARIBE NOW INJURY OC RRED Thojer natural of many in Part of Part II of them. B OR CONTRIBUTING ETCAUSE OF DEATH de*be*bed HE EITHER NOTHEY MEDICAL EXAMINERS 29: J.M., 18 -N RY Month Day Year 20e PLACE OF 'NJUR' (Nome form, 204 MILIEN DOCUMENTS Slote Ė HOW! O.M. While Not While loctory street, office bidg. stc., or work. er weak 21 I certify that () Hers haspitely at lended the decensed from Sper me الاورا جفيف be retained and hat death arruned at 9. My from cau es and un the date stated above DIRECTOR Age 3 should saw he deceased a ive as 22a HGNATURE DAR JUNEO ATTENDING. DIRECTOR 22: PHYSICIAN'S 22d ADDRESS O HOSPITAL FUNERAL NAME Type Morris B. Schreiber 1519 W. Lombard St. director p 235 DATE THER LOS 23 NAME OF METERY OR REAGIORY 23c SURIA TREMA FON. 23d C 4 Oh date REMOVAL Specify) Md. Balt imore 2 Burisl 6/8/67 Parkwood_Cemetery 250 REL D BY REGISTRAR 755 RESISTRAR JIGNATURE 24 FUNERAL DIRECTOR 21229 VIII A 5 4) 25M 67 4107 Wilkens Ave. Howard H. Hubbard

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201

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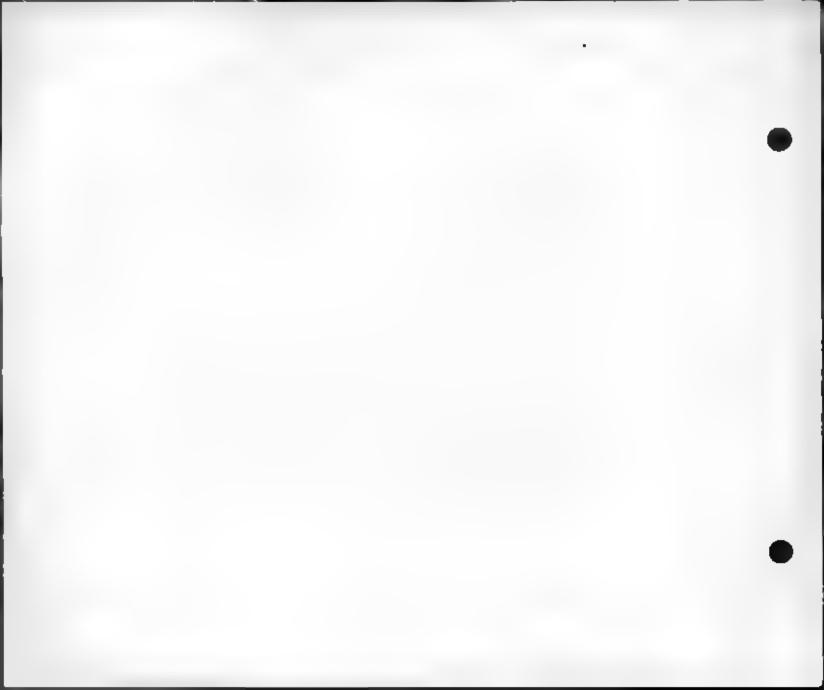
TO FUNERAL DIRECTOR After this enthingte has been signed by the ortending physician and completely filled in by the funeral director pages 3 should be detuned to use as the bundliftness permit. Then places in the first proper Pages 1 and 2 should be tilled with the first after a first 2 hours often death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law regules that the death cell frate be executed within 24 hours after egicity

Page 4 may be retained by the hospital a lottending physician.

CERTIFICATE OF DEATH

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PLACE OF DEATH		2 USUAL RESIDENCE (When derented med of continue Residence harder odens)	or ac						
Baltimore	MARYLAND	Maryland b CUNTY							
177 OR "OWN If outside responses mits, write BURAL and give necess town)	TENGTH OF STAY IN L	Arbutus							
Arbutus*									
d NAME OF HOSPITAL OR INSTITUTION 15 not in hosp	ofal give street address)	d TREE AODRESS							
163 Oaklee Village		163 Oaklee Village	Я [
DECEASED CITY	Middle	ost 4 DATE Wanth Day Ye							
"ype ur phot) George		conxunas Diane 2 19	67						
S SEX b FOROR OR RAFF 7 MAR		2-13-1902 PAGE IN VECTOR OF STATE OF ST	Min Min						
Male White Who		5-13-1305 P.) hu							
turing mits in working life, even if retired]	Ob. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (County & state as longing rountry 2 OF 7FN OF WHAT QUINTED ?							
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18 CAUSE OF DEATH Finter only nine couse per line PART DEATH WAS LAUSED BY	is to have to ond .	ONSET AND I							
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PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTED	ING TO DEATH BUT NOT RELATED TO T	HE TERMINA: CISCADE UNE TION JIVON IN PAR. 10. PERFORM VEX.	AED?						
OR CONTRIBUTING OF CAUSE OF DEATH FITHER NOTICE WICE: SI EXAMINER	M DESCRIBE HOW HIJURY OLGURRED	Emiler nature of injuly to Park or Partill of them 8							
0. 8		TOP NURY Hore to TABLE IN TOWN NOTINE	Store						
Hour a.m.	White Not White I forh	ary, street, office tildg., etc							
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· marty	1. ICAR ST MIC	PHYS M DIRFTOR LI PHYS LI G/2/6	7						
MANE Pops Dr. John Heal	3	1311 Francis Avenue							
	23 NAME OF FMF ERY OR		Store						
6/8/6/	St. Stanislau	S Comercial Dairimore	Md						
24. FUNERAL DIRECTOR	WD DWC02	Use Kee 3 By KEGISIKKK 1/20 XE III KAK J SIGMALSKE							
Howard H. Hubbard	4107 Wilkens Ave	MILJUN 5 1967 Milanlas Judge	R.						
TO BUE JA PRI MATION, 235 DAIL THEREOF	St. Stanislau	REWA JRY S Cometery Baltimore 229 750 RECT BY REGISTRAR 256 SE ISTRAR'S SIGNALURE							



USUL	1.0	CEKTIFICAL	E OF DEATH		01000					
1. PLACE OF DEATH o. COUNTY	Baltimere	MARYLAND		(Where deceased lived, if institution yland 5. COUNTY	ved, if institution: Residence before odmission) 5 (OUNTY Baltimere					
Rural.	(If outside corporate limits, and give nearest town) -Baltimore	C. LENGTH OF STAY IN 16	E CITY OR TOWN If outside corporate limits, write RURAL and give nearest fawn} Baltimore 21234							
	716 Collinsdal		d. STREET ADDRESS	e Rd. 8 IS RESIDENCE ON A FARM? YES NO PO						
3. NAME OF DECEASED (Type or point)	VICTO	R Middle ZA	PPACOSTA	4. DATE Month OF DEATH June	Doy Year 6, 19 67.					
Male Male	TR. I I	KARRIED NEVER MARRIED DIVORCED DI	July 30,189	3. O. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Rours Min.					
during most of working	ON (Give kind of work done ng lise even i retired)	106, KIND OF BUSINESS OR INDUSTRY		11. BIR HPLACE (County & State, or foreign country) 12.						
13. FATHER'S MAME	Donato Zaj	ppacesta	14. MOTHER'S MAIDEN	Franchisea.	Trotta					
(Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17	Mrs. Giacomi	Address nia Zappacesta	(Same)					
	DEATH (Enter only one couse pe EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (o), (b), and (c),)	e 0 2	1 4 .	INTERVAL BETWEEN ONCET AND DEATH					
Conditions, if or rise to immedi storing the uni- lost,	hy, which gove (b)_ ote (ouse (o), but To	arterioleur	i Hend Ze	-	8 m.					
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMEO? YES NO					
DR CONTRIBUTION	YAS UNDERLYING.□ NG □ CAUSE OF DEATH. FY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of anjury in	Port I or Port II of item IB)						
20c. TIME OF IN	NJURY Month; Doy, Year		LACE OF INJURY (Hume, for octory, street, office bidg., ex		(County) (State)					
	tify that (1) (this haspital deceased alive an	attended the deceased from 19 6 Z, and the	nal death accurred or	19 59 to 6 - 6 M, from couses or	. 1967, that (1) (we) la					
220. SIGNATUR 22c. PHYSICIAN NAME (Tyl	200	M. SERRA	M.D. ATTENDING PHYS. 22d. ADDRESS 11 E. C	MED. STAFF DIRECTOR D STAFF D	226. DATE SIGNED 6-7-67					
230. BURIAL CREMA REMOVAL (Spec Burial		22 6 72 4	r Cemetery	23d. LOCATION (City or Town Baltimore,						
24. FUNERAL DIRECT		ADDRESS Balto, Md. 21214	2000 1000	D BY REGISTRAR 256 REGI	STRAR'S DIGNATURE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician rate completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please vergere carbon papers. Pages, I and should be filed with the State Dept of Health prior to burial, demotion, or removal, and in any event, within 72 haurs of fer Gest Page 4 may be retained by the haspital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	0400	0		CERTI	FICALE	OF DEATH		p	. 10	1500)
T,	PLACE OF DEATH O. COUNTY	Baltimore		MA	IRYLAND	2. USUAL RESIDENCE (V	Where derec	sed lived, if institu b. COU	INTY	o before od	mission)
Г	b CITY OR TOWN	(II outside carporate limit nd give nearest (own)	5.	C. LENGTH OF STAY	Y IN ID	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	FILES	7116		Lifeti	T.e	Pilms	offic	S.M.	-0	84	
-	d. NAME OF HOSP 217 Circum	TAL OR INSTITUTION (II no	or in haspital	give street address) La S, Mil.		a street aboress 217 Chu				.01	RESIDENCE A FARM? NO
	NAME OF DECEASED	F1	rst	Middle		Lost	4. DATE OF	Mor	1400	Day	Yeor
	(Type or print)	John	N LLEUNING			Zinmer	DEATH		18,196	YEAR INT	1967
-	Male	6. COLOR OR RACE	7. MARRIED WIDOWED		TO THE	B. DATE OF BIRTH July 6,1884		9. AGE (In years last birthday)	Months		DUIS Mi
	a USUAL OCCUPATIO	IN (Give kind of work done offe, even if retired)		KIND OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (County De. 15 imore		oreign country)	(0)	TIZEN OF WH	AT
	FATHER'S NAME	4.6	1 01	milowil		14 MOTHER'S MAIDEN N	HAME	Picer	Ua	of and a	
	Full	ip Zimmer				Failure 1	Hant-				
E	WAS DECEASED P	FR IN U.S. ARMED FORCES?	. 16	SOCIAL SECURITY NO.	. 17. 1	HEORMANT	2001	Add	less	272	nd, MA
9	es, no, or unknown	(If yes give war or dates a	of service)	272-07-536	(m) 15c	. George Zi	-	217 Chor	al Lan		
		DEATH (Enter only one con	ise per little fo	or (a), (b), and (c).)	-	+ 1	ose			INTERVA	BETWEEN
	11201	MANEDIATE CAUSE DUE	11	1	-	1	1	1-			5
	Conditions, if on		16 121	eruse	len	oust to	ushe	atimo	400	-	-
	stating the und		(c)			6	11				
CATION	PART II. OTHER	SIGNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT R	RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIV	EN IN PART I(o)		19. WAY PER YES [FORMED?
(SRTIF)	OR CONTRIBUTIN	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206.0	DESCRIBE HOW INJURY		(Enrer nature of injury in)		rt II of item 18.)			
MEDICAL	20c. TIME OF IN Hour o	JURY Month, Day, Year Im. 19	20d. While of we		20e, PLA	CE OF INJURY (Home, form ory, street, affice bldg., etc.)	20f.	(City or town)	(Cou	inty)	(State
	21: I cert	ify that (1) (this has	pital) atter	nded the decease	d from_	death accurred at	966	A from course	RA 196	Thot	(1) (we)
	22a SIGNATUR	7	1	1717	, uno mu	dedin decomed ut,	The state of	" TIME TOUSES		TE SIGNED	orad ubi
	N	m. E. 71	Part	ui-	M.E		MED. DIRECTOR	STAFF C			
	22c. PHYSICIAN NAME (Typ		M	+RTI	1	224 XIDDRESS	all	stow	n -	M	1
73	DREMOYAL (Speci			23s. NAME OF CE				OCATION (Gity or To		(County)	(State)
	PULL THE	al bridge a	21,196	7 Pruid R	110,8	Cemetery		ikesville			
1	M. FUNERAL DIRECT	al V		190005	11	DATE U	BY REGIST		REGISTRAR'S S		342
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